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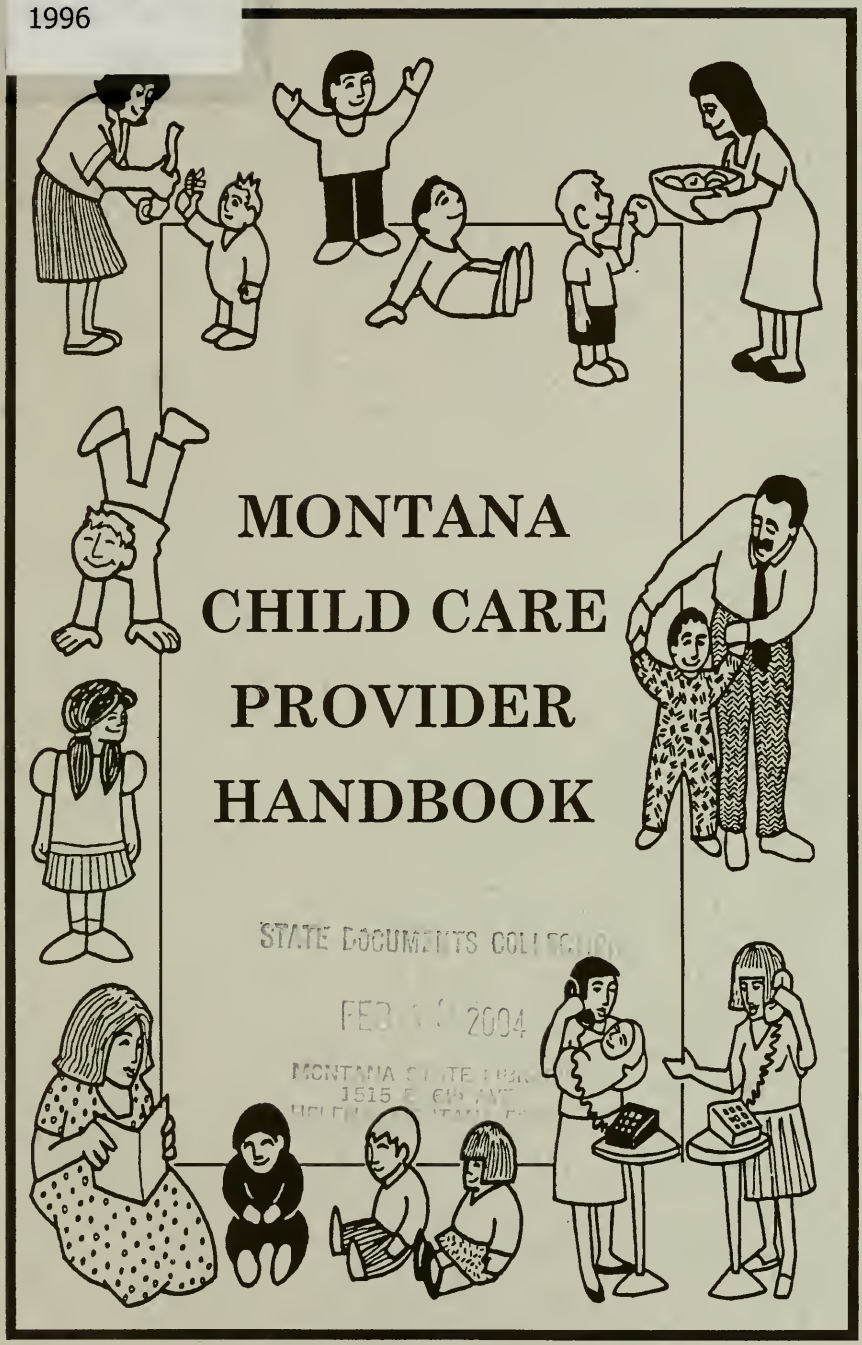

MONTANA CHILD CARE PROVIDER HANDBOOK

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MONTANA CHILD CARE PROVIDER HANDBOOK

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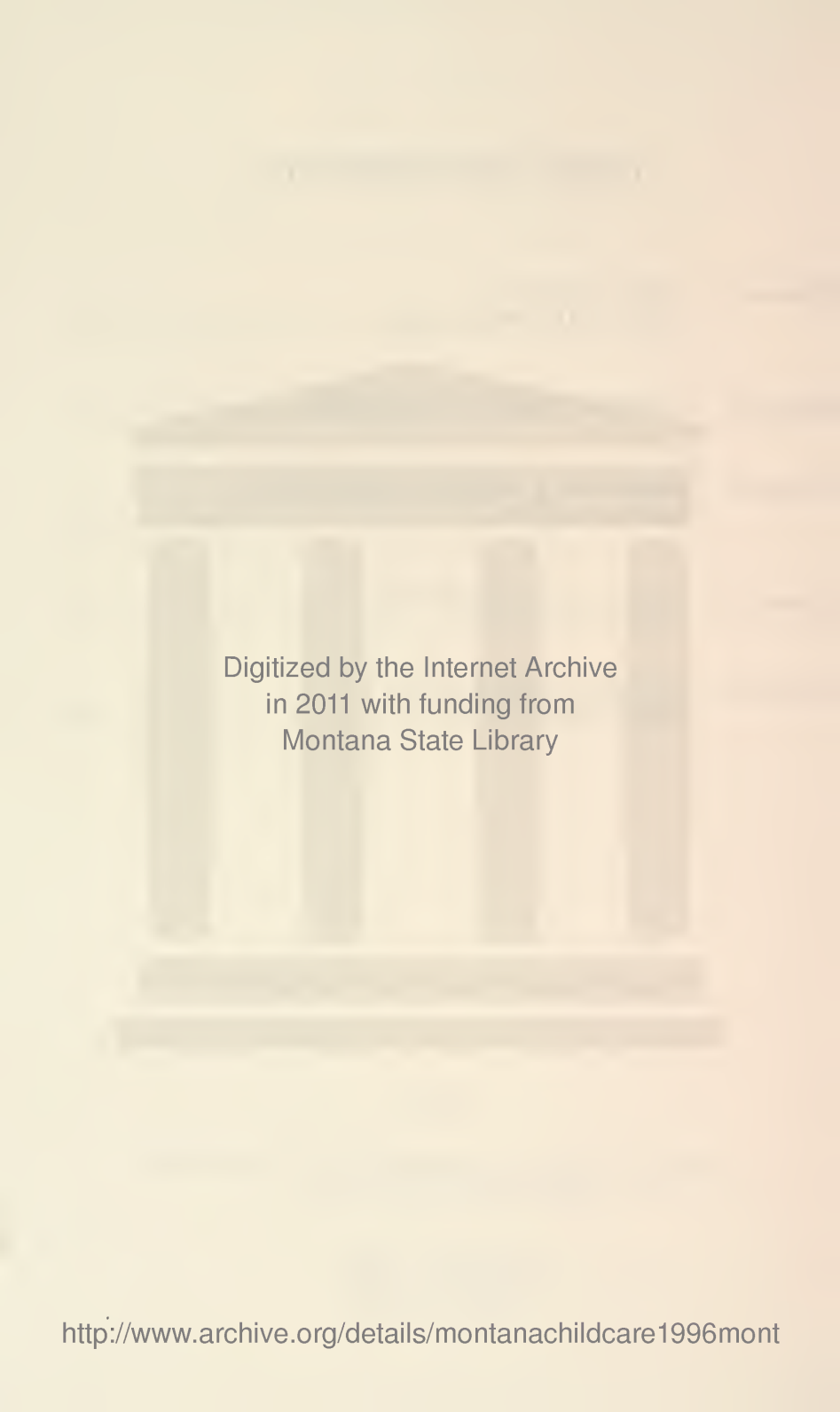
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CHAPTER 1

YOUR ROLE AS A CHILD CARE PROVIDER

Families have changed a lot in the last few decades. Remember when most moms stayed home with the kids, while dads went off to their jobs? Not any more!

In 1990, over half of all infants in the United States had mothers who worked outside of the home. Over half of all school-aged children had mothers who worked outside of the home. And 64% of all preschoolers went to child care.

Child care is a fast developing field, demanding quality standards and training for its workers. It has many requirements that make it unique from other types of businesses:

- ❑ Children need to be cared for in small groups. This is necessary to ensure that children get the individualized, one-on-one attention that they need to develop and grow physically, mentally and emotionally. The number of children in any child care setting, or the ratio of children to adults, must be low.

  States have set legal limits for the number of children that can be cared for by one adult. Call your local Department of Public Health and Human Services office to get a copy of Montana's child care regulations.

- ❑ Children need to form stable, trusting relationships with important adults like their parents and child care providers. Ideally, the relationship between a child and a child care provider should last for many years.

- ❑ But child care workers experience a high rate of "turnover." Every year between 40% and 60% of them change their jobs. This turnover is thought to be the result of the relatively low wages and benefits paid to child care professionals. The situation is terrible for the children in child care! Many child care advocacy groups are fighting to improve the wages and benefits of child care providers. (A list of early childhood advocacy groups is included at the end of this chapter.)

- ❑ Children need to be cared for by adults who have been trained to understand their many changing developmental stages and needs. Child care providers must offer age-appropriate environments and activities to the children in their care. Providers must also understand the principles of child nutrition, health and safety.

  Parents must ask prospective child care providers to describe their training, and must insist that providers continue to receive ongoing training in the field of child care.

  Studies have shown that training is a key ingredient in improving the quality of child care and lowering child care worker turnover.

This manual is one of the many training tools that are available to you as a child care provider. Your local Resource & Referral (R&R) office will have listings of other training opportunities in your community. (A list of the Montana Resource & Referral Network agencies is included at the end of this chapter.)

Child care is an integral part of our economy — parents who can't find child care can't work! American businesses have discovered that their employees' child care needs impact work productivity. When parents have unsatisfactory child care arrangements, they are more likely to be absent from work, tardy, interrupted, and distracted. When employees enjoy stable, quality child care arrangements they have higher morale and are more likely to stay at their jobs.

Child care is a critical factor in the healthy development of America's children. Child care providers are not "baby-sitters." They are trained, regulated professionals whose important role impacts the economic and social productivity of our communities.

EARLY CHILDHOOD ADVOCACY GROUPS

- ❑ National Center for the Early Childhood Work Force
  6536 Telegraph Avenue, Suite A-201
  Oakland, CA 94609-1114

- ❑ Children's Defense Fund
  122 C Street, N.W.
  Washington, D.C. 20001

- ❑ National Association for the Education
  of Young Children
  1834 Connecticut Avenue, N.W.
  Washington, D.C. 20009

- ❑ National Association for Family Child Care
  725 15th Street N.W., Suite 505
  Washington, D.C. 20005

- ❑ Resources for Child Caring
  450 North Syndicate, Suite 5
  St. Paul, MI 55104

- ❑ Save the Children Foundation
  Child Care Support Center
  1340 Spring Street N.W.
  Atlanta, GA 30309

- ❑ National Child Care Association
  1029 Railroad St. N.W.
  Conyers (Atlanta), GA 30207-5275

- ❑ National Association of Child Care
  Resource and Referral Agencies
  1319 F. Street N.W., Suite 810
  Washington, D.C. 20004

MONTANA RESOURCE & REFERAL NETWORK

CHILD CARE RESOURCES
127 E. Main, Suite 314
P.O. Box 7038
Missoula, MT 59807
Phone: 728-6446
1-800-728-6446

FAMILY RESOURCES, INC.
1130 Butte Ave.
P.O. Box 536
Helena, MT 59624
Phone: 443-4608

CHILD CARE CONNECTIONS
104 E. Main
South Mezzanine, Suite 104
Bozeman, MT 59715
Phone: 587-7786
1-800-962-0418

COMMUNITY HELP LINE
113 Sixth St. N.
Great Falls, MT 59401
Phone: 761-6010

HI-LINE HOMES PROGRAM, INC.
90 Highway 2 West
Glasgow, MT 59230
Phone: 228-9431
1-800-659-3673

BUTTE 4-C's
44 E. Park Plaza Mezzanine
Butte, MT 59701
Phone: 723-4019

NURTURING CENTER
146 Third Ave. W.
Kalispell, MT 59901
Phone: 756-1414
1-800-388-5286

DISRICT 7 H.R.D.C.
P.O. Box 2016
Billings, MT 59103
Phone: 248-3325

CHILD CARE RESOURCE & REFERRAL
P.O. Box 986
Miles City, MT 59301
Phone: 232-6034

DISTRICT 4 H.R.D.C.—CHILD CARE LINK
P.O. Box 1509
Havre, MT 59501
Phone: 265-6734

LEWISTOWN H.R.D.C.
300 First Ave. N., Suite 203
Lewistown, MT 59457
Phone: 538-7488

CHILD CARE RESOURCE & REFERRAL
218 W. Bell
Glendive, MT 59330
Phone: 365-4909
1-800-578-4909

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
P.O. Box 8005
Helena, MT 59604
Phone: 444-5900

CHAPTER 2

GETTING DOWN TO BUSINESS

GETTING REGISTERED OR LICENSED

Child care is offered in small, residential settings called "day care homes", or in larger commercial settings called "day care centers". Montana allows two types of day care homes: "family day care homes" with one provider present, and "group day care homes" with two providers present.

Different types of child care settings offer different advantages for families:

Day Care Homes

Homes are more familiar environments for children. They are smaller, and offer a more intimate relationship between provider and children. They can be located right in the child's neighborhood, offering convenience and the opportunity to network with neighbors. A home provider can often offer flexibility in times of emergency.

Home day care is the type of day care most often requested by parents. Ninety per cent of all child care in the United States is offered in home settings.

Home day care providers must guard against feelings of isolation and stagnation that occur when they don't reach out of their home work place to network with other professionals.

Day Care Centers

Centers offer larger group social experiences to children. They often provide transportation to and from school. Centers often have substitutes available when staff are ill. Center staff are more likely to receive benefits, and are required to have more training than family providers.

The state's definition of "day care center" does not include any group facility established chiefly for educational purposes that limits its services to children who are 3 years of age or older. This somewhat controversial law means that "preschools" don't have to be licensed. Child care advocates agree, however, that a conscientious preschool director will strive to meet the standards required for licensure.

MONTANA CHILD CARE LAW

Montana state law requires that any person caring for 3 or more children who are not related to her must be registered or licensed.

Registration applies to home day care sites:

> A **family day care home** is a facility in which day care is provided to three to six children, including the provider's own children who are under the age of six. Family day care homes can care for no more than three infants (under age two) at any one time.
>
> A **group day care home** is a facility in which day care is provided to more than six but less than 13 children, including the provider's own children under the age of six. No more than six infants (under the age of two) can be cared for at any one time in a group home.
>
> Any agency, group or individual 18 years of age or older may request to be registered as a family or group day care home provider. Applications for registration may be obtained from any Department of Public Health & Human Services Office or Indian Tribal Government Office.

Licensure applies to day care centers:

Centers are larger facilities in which day care is provided to more than twelve children. Day care center staffing regulations require the following child/staff ratios:

Age 0 to 24 months	4:1
Age 2 to 4 years	8:1
Age 4 to 6 years	10:1
Age 6 years and over	14:1

Training Requirements

A family day care provider must be 18 and must attend basic orientation classes within the first 60 days of registration.

Center directors must have an associate degree in a related field plus one year experience in child care, or a child development associate degree, or 3 years experience in child care. If the director also acts as caregiver, she must meet the qualifications of a primary center caregiver.

A primary caregiver must be at least 18 years of age, have two years experience as a registered day care home provider or a licensed day care center staff person or a bachelor of arts in education or a related field,

and be trained in CPR or multi-media first aid. The primary caregiver must also meet the qualifications for a day care center aide.

The aide qualifications include sufficient language skills, good mental and physical health; one day on-the-job orientation, eight hours of training within the first year in five different areas of child care (child development, appropriate discipline, first aid, nutrition/sanitation, and fire safety.)

Other Requirements for Day Care Home Providers

A child care monitor from the Department of Public Health & Human Services can visit your home and explain other requirements to you. These will include building requirements, fire safety requirements, general safety and facility requirements, program requirements, health care requirements, and transportation requirements.

To learn more about these regulations, read the booklets "REQUIREMENTS FOR REGISTRATION OF FAMILY DAY CARE HOMES" and "REQUIREMENTS FOR REGISTRATION OF GROUP DAY CARE HOMES," available free of charge from your local Department of Public Health & Human Services office.

For example, your home needs to have enough square footage and enough exits for the number of children you want to care for. You will need to have appropriate fire safety equipment, including smoke alarms and a fire extinguisher with a minimum 2A10BC rating. If your home is located on a busy street or near an irrigation ditch, a fenced play area will be required. If you intend to transport children in your car, you will need age-appropriate car seats and seat belts for all passengers.

The state requires that you have proof of current fire and liability insurance coverage for the provision of day care in your home. Some homeowners policies include this coverage, others do not. If you must purchase new coverage, check with your local or state Child Care Association to see if a group rate is available to members.

In some communities you will need to buy a Municipal Business License. Phone your local city hall to find out if you must purchase this.

The state will require a personal statement of health from you, and immunization records for all children residing in the home under the age of 12. You must also supply the names, addresses and telephone numbers of three personal references not related to you, who have knowledge of your experience, character and ability.

GETTING STARTED IN BUSINESS: POLICIES AND CONTRACTS

A home day care provider is a private businessperson, in business for his/herself. A child care center worker is usually an employee of a small, locally-owned business. It is important that child care workers view themselves as professional business people, to ensure the high quality of child care and to enhance the longevity of their careers in child care.

A center or child care home should have a written policy statement that clearly outlines the expectations of both staff and parents. What days and hours is care available? What happens when a parent must be late for a child's pick-up? Will payment be made weekly, monthly, or in advance? What happens on public holidays? When the child is sick? How many days can a child miss without payment for that slot? Is a provider substitute available for times when the provider is sick or on vacation? What clothes and supplies must a parent bring every day? Who will supply meals and snacks? How will children be transported?

Your policy should cover the conditions under which an ill child should be excluded from care. (A pediatrician-recommended Illness Exclusion Policy is included at the end of Chapter 5, "Health and Safety in Child Care Settings.")

Although it does take time to develop and write out a policy statement, it is time well spent. The great majority of disagreements between providers and parents could be avoided if policies were clearly stated and recorded for everyone to see and sign. Policy statements can be posted next to your registration for all your customers to see, and stapled to the parent's copy of your contract for take-home reference.

(A sample policy statement written by a Montana child care provider is included at the end of this chapter.)

HAVE A CONTRACT

It is important that you and the parent sign a contract outlining the terms of your working agreement. Your contract can be very simple. It should state the child's name, the hours of care that will be provided, the fee that the parent will pay for this care, when payment will be made, any consequences to late payment, late pick-up, etc. Let your contract reinforce your Illness Exclusion Policy, and get permission to transport a child in the case of after-school pick-ups or emergency doctor visits. In your contract, be sure to mention your policy statement, and attach a copy of policies to the parent's copy of the contract.

(A sample child care contract is included at the end of this chapter.)

KEEP GOOD RECORDS

Record-keeping is an important part of running any business, including child care. You should keep track of the following paperwork:

1) A contract with each child's parent, including phone numbers where parents can be reached.

2) The phone number of another family member or friend, for those times when you can't reach a child's parent.

3) A complete immunization record for each child.

4) A medical release form for each child, in case of sudden illness or emergency.

5) A transportation release form, stating that you have permission to transport the child in your car.

6) Enrollment forms for the child's participation in the USDA Child Care Food Program.

7) A receipt for payment covering each billing period, stating the dates of care, the hours of care provided, and the total payment owed and received.

8) Cashier receipts for all of your child care related expenses, including groceries, band-aids, art supplies, training manual, etc. Some providers keep their receipts in envelopes, one for every month. (It really helps during tax season!)

Many fine record-keeping systems are available through catalogues and bookstores. Ask experienced providers what has worked well for them.

MARKETING YOUR BUSINESS

There are many ways in which you can get the word out, which involve very little expense or no cost at all. Your local R&R office should maintain a file of sample pamphlets, flyers and introductory letters which you can review for ideas. Here are some suggestions:

Bulletin Board Notices — Use a colorful letter-size sheet or an index card. Place in supermarkets, churches, schools, bowling alleys, laundromats, community centers, health clubs, children's stores and anywhere that parents might frequent. Be sure to include your location, phone number, hours you are open and ages you care for.

Church Newsletters — The church secretary is usually the one to contact. Some churches might be unable to list your services, but its worth a phone call. Aim for churches that have active youth programs or young families in their church community.

Classified Ads — To reach a larger audience you may want to place a newspaper ad. Your ad should be carefully written to relay a good description of your service in just a few words.

Situations Wanted — Be sure to check the classified section for ads placed by families looking for care. When responding to this type of ad be prepared to ask questions that will help you to know what sort of situation the family is looking for.

Word of Mouth — Don't overlook this effective means of communication. Mention the availability of your child care service to anyone you regularly come into contact with. You never know who will know someone in need of quality care!

Resource & Referral Service — If your community has a child care R&R program, you can use it to keep your vacant slots filled. These agencies work as a resource for parents needing child care.

Sign up with your R&R as soon as you are registered. When you have vacancies, let them know the number of vacant slots, the ages of children you can care for, and the hours that care is available. The R&R will give your name to parents whose needs match your service.

Most Resource & Referral programs try to phone providers regularly to update their referral list. It pays to keep in touch with your R&R!

The R&R staff can also help you to determine appropriate fees, as they keep track of what providers are charging for care. They can tell you what are the most common fees for infant care, part-time care, after-school care, evening and weekend care, etc.

WHAT ARE PARENTS LOOKING FOR?

The parents in your community may be receiving consumer education to assist them in their search for quality child care. Many Resource & Referral agencies give out checklists to parents, listing the features of quality care that are important for the age of their child or the type of care that they are seeking. They also give information on the local child care market, including common policies, contracts and fees.

It is important that providers know what parents are looking for. Safety features, age-appropriate curriculum and activities, nutrition training, health and safety practices are just a few features that parents value.

You might have some outstanding features in the care that you offer. For example, are you willing to be supportive of breast-feeding mothers? Will you use cloth diapers if parents request that? Do you provide field trips, before and after-school transportation, or the USDA Child Care Food Program? Do you have Infant/Child CPR Certification? Are you located in an especially convenient place, for example near the mall, downtown, a school or hospital?

Think carefully about the features of your child care that make it special. What are you most proud of? Once you have identified your best qualities, be sure to list them with your R&R and on your marketing materials.

STATE-PAID CHILD CARE ASSISTANCE: A NEW OPPORTUNITY

Many low-income parents are now eligible for state-paid child care assistance. They may be employed, in job-training, or in an education program. State-paid child care offers providers the opportunity to contract with the government for child care payment, rather than with a parent. Payment is made monthly through a computerized payment system. For more information on these programs, call your Resource & Referral agency.

PRE-ENROLLMENT INTERVIEWS

Your interviews by phone and in person set the stage for the professional relationship which will develop between you and the parent.

Your first contact with prospective customers will probably be by phone. Some R&Rs give parents a "telephone interview" checklist, used to screen potential providers. Make sure that your telephone etiquette projects confidence, competence and courtesy. Ask a friend to listen to

your telephone voice. Do you speak clearly and with animation? A strong "Hello, this is Alice Provider" is more encouraging to a parent than a "Yaaaaloow?"

After you have determined on the telephone that you can meet a parent's basic child care needs (age of child, time, location) you will want to schedule an on-site interview with the parent. They might even bring the child along for this first visit. Try to schedule this interview for a relatively quiet time, so that you can talk about your philosophy and values, your experience and your policies.

The pre-enrollment interview is a two-way street. It is your opportunity to screen parents and children. Does this parent's value system regarding the care of children seem to mesh with your own? Will this child's age, activity level and abilities fit in with those of the other children in your care?

Don't be afraid to communicate to parents what your expectations of them will be. It is best to be very clear about your policies and your needs right from the start to avoid confusion and misunderstanding down the road. Talk about your discipline techniques, your approach to toilet-training, your health and nutrition policies. Be ready to discuss how you set your fees and why you believe that your services are worth the price you are asking. Describe a daily and weekly schedule, so that parents can get a feel for what their child's day with you will be like.

And don't be afraid to emphasize what is special or exceptional about the care you offer! Talk about your background, your experiences, your training, your interests. Let parents know that you have set your policies because of your desire to provide the best possible quality care.

Parents and children will get an idea of the atmosphere that you offer in your child care from their initial visit. Some families may wish to become more familiar with your child care setting. You can encourage parent and child to return at their own convenience to "warm up" to the setting together. When they drop in try to include them in some activities with other children so that they feel better acquainted with you and the care you offer.

It is worth the time it takes to carefully screen and communicate with new customers. You are laying the groundwork for a professional and personal relationship that will hopefully last for a long time.

A QUICK LESSON IN ASSERTIVE COMMUNICATION TECHNIQUES

Some of the hardest things for you to do might be to ask other people for

money, to explain to others why you are valuable, to set limits on what you are willing to do for people who are in need, and to listen to critical feedback. (If you agree, don't feel alone. Because of the upbringing we had, these communication skills are difficult for many people, especially women!) But these are the very skills that you will need to be a businessperson in the child care field.

Here are some tips that might help:

PRACTICE ACTIVE LISTENING

One of the most important parts of communication is listening. Adults and children alike need to feel heard. So show that you are paying attention. Act like you care, even when someone is giving you criticism. Look people in the eye, sit or stand erect and try to avoid distractions. Give short, encouraging responses.

Paraphrase a message back to the person speaking to you. Describe what you heard the person say. Make sure you heard it correctly. Reflect feelings back to others. "Are you scared?" or "It sounds like you feel sad?" are clear communications.

When you're trying to listen, don't give advice and don't talk about yourself. Don't be in a hurry to respond. Take time to think about what you want to say.

SAY "NO" WITHOUT GUILT

Child care is a nurturing profession, so you are probably a nurturer. It can be very difficult for nurturers to say "no" without feeling guilty. But if you don't say no, if you don't set limits for yourself and for the amount of service that you can provide, you will burn yourself out! Then you won't be able to nurture anyone, not even yourself.

Try to be realistic. Are you sure that you want to be available on evenings and weekends,too? Are you certain that you want to take another infant? Can you really wait another month for payment? (See why it's better to talk about this all in the beginning at your pre-enrollment interview?)

Practice saying no firmly, and with self-assurance. Practice in the bathroom mirror, practice in the car, practice with a friend. You can explain the reason for your decision if you wish, but try to avoid the need to convince the other party to agree with you. They have a right to disagree, just as you have a right to make your own decisions. Apologize if you want to, but you don't have to.

With a partner, practice refusing the following requests:

- ❑ A parent wants you to care for her two children on Saturday mornings. You want your weekends free.
- ❑ Your neighbor sends her pre-schoolers over to "play" with your day care kids. You are already at capacity.
- ❑ A new family wants you to watch their non-immunized infant. You are uncomfortable with the risk this adds for the other immunized babies.

ASK FOR WHAT YOU ARE WORTH

Child care, like other traditionally female work, is economically undervalued. However, as the image of child care workers changes from "babysitters" to "early childhood professionals", providers can ask for more equitable compensation for the important job they do.

Parents who balk at your fees may not understand that this is your profession, and that you need to make a decent living in order to provide stable, quality care for their child. Be ready to explain this to them. Explain that you understand how expensive quality child care is. Tell why your services are valuable.

Remember, child care is the fourth largest expense in a family's budget (behind food, housing and taxes.) For a low-income family, child care for 2 children can easily gobble up one-third of the total income!

Talk with other child care professionals in your community. Try to develop ways to teach your community leaders and policy-makers that government and industry must become involved in child care issues. It is no longer fair that the entire cost of such an important service be carried by families, and subsidized by the low wages of caregivers.

WHEN YOU WANT TO KNOW MORE

Many community Resource & Referral agencies, child care professional associations, and libraries keep up-to-the-minute lists of books, periodicals, articles and organizations that can give you more information. Use these resources to further develop yourself, your child care business and your child care program in creative and healthy new directions.

WHAT ARE THE QUALITIES OF A GREAT PROVIDER?

- ❑ H/She is a good communicator.
- ❑ H/She seeks ongoing training.

- ❑ H/She uses available community resources.
- ❑ H/She has a healthy sense of humor.
- ❑ H/She recognizes new opportunities for her business.
- ❑ H/She tries to create a positive environment.
- ❑ H/She provides a positive role model.
- ❑ H/She is alert to children's and family's individual needs.
- ❑ H/She is sensitive to issues such as abuse and neglect.
- ❑ H/She understands how the growth of family day care as a profession affects her as an individual.
- ❑ H/She remains aware of her personal needs and goals.
- ❑ H/She has a realistic view of the benefits, demands and limitations of being a child care provider.
- ❑ H/She believes in herself and the value of her profession.

EXAMPLE OF DAY CARE FACILITY POLICY STATEMENT

Provider's Name
Daycare Address
Phone

My daycare is registered with the state to care for 5 children. I have done daycare since 1981. Children are accepted from ages 2 months through school-age. The children are provided an informal, mixed-ages, home-type environment. They participate in age-appropriate activities in the home, outdoors and the community, as well as activities to encourage basic preschool skills. I am a member of the Montana Daycare Association, and participate in many local and state training activities. Insurance is carried for accident and liability. All daycare is done on the ground floor of my house. Due to allergies, we have only fish for pets, and there is no smoking in my home.

DAILY SCHEDULE

7:00-9:30	Breakfast and free play
9:30-10:30	Organized activities (music, craft, story, etc.)
10:30-11:30	Outdoor play (weather permitting,) snack
11:30-12:00	Lunch
12:00-2:30	Naps/quiet time
2:30-3:00	Snack
3:00-6:00	Playtime, occasional children's video

This schedule is flexible, depending on the children's ages, interests, and the weather. Infants will have their own individual schedules.

HOURS: 7:00 am to 6:00 pm; Monday through Friday

Occasional evening and weekend care can be arranged in advance. My daycare will be closed these holidays: New Year's Day, Memorial Day,

July 4th, Labor Day, Thanksgiving Day, and Christmas Day. There is no charge for these holidays, unless an exception should be made for care on any of these days. Then the normal hourly fee will be doubled.

I reserve the right to take two weeks vacation per year for which the parent does not have to pay. Parents will receive at least three weeks notice. If I must be gone, I will arrange a qualified substitute, except for vacation time.

MEALS: I will provide breakfast or morning snack, lunch, and an afternoon snack. Children in evening care will be fed supper and/or a snack. All meals and snacks will be in compliance with the requirements of the USDA Child Care Food Program. If a special diet is needed for the child, required food must be provided by the parent.

Parents of infants have the option of providing formula or baby food, or of enrolling the infant in the Food Program. We can discuss this during the pre-enrollment interview. Bottles, baby cups and pacifiers will be provided by the parent.

RATES: Full-time (30 hours or more a week) - $2.00/hour/child
Part-time and evening - $2.25/hour/child
Weekend - $2.50/hour/child

Parents will contract for the hours their child(ren) need care and will be accountable to pay for those hours. Parents have two options to arrange this:

Regular hours — If your hours are consistent, your daily rate will be the hours each day X the hourly rate. Therefore if you have a 6 hour day, you only pay for 6 hours, etc. A full-time child will be allowed 14 free absences each year for vacation, sickness, etc. A part-time child is allowed 7 free absences. After that amount of days has been missed, your daily rate will be charged so I can afford to keep a spot open for your child.

Flexible hours — If your days/hours vary, I need notification of your schedule at least one week in advance, so I will not be overbooked. Children with regular days will be given priority, so this also gives you sufficient time to make alternative arrangements, if necessary. When a spot is being held for your child, you are accountable to pay for it whether or not you use it, unless you give a week's notice of absence.

I allow a 15 minute grace period before charging you for extra hours. Late pick-ups, without advance notice, will lead to notice of extra late fees.

Payment is to be made on the last day of the week your child attends. If you arrange to make bi-weekly payments, I request a one-week deposit.

This will be applied to your second billing. This is my income and to ensure that I can continue to care for your child(ren), I request that you plan on making your daycare payment on time. After 3 days of non-payment, your child will not be able to attend.

ADMISSION: A parent interview is required before acceptance. I will need to have these forms on file: Medical Record, Emergency Contact and Parental Consent Form, Daycare Contract, and Food Program Enrollment Form. All immunizations must be up-to-date, and infants up to their 2nd birthday must by state law have a pre-admission physical within 2 weeks of admission. Your doctor should sign an infant Medical Record.

HEALTH: I accept children with minor colds, but will follow the "Pediatrician-Recommended Sick Child Exclusion Policies" (attached). If your are in doubt, please call me in the morning and we will make a decision. If necessary, sick children will be refused care. This policy will also help your child from being exposed to everyone else's illnesses.

If your child becomes ill or injured during care, I will contact you immediately and expect you to pick them up as soon as possible. Sick children will be isolated until their parent arrives. If your job makes you unavailable by phone frequently, I strongly advise leaving an emergency consent form on file at St. Pats (nearest hospital) or Community Hospital, and notify me of it.

Medications must have a parental consent form, listing amount of dose and time to be administered. All medications must be in the original container with the original label. This is for your child's protection.

CLOTHING AND PERSONAL BELONGINGS: Please provide appropriate clothing for the weather and season, including proper attire for playing outdoors. Please dress your child so they don't have to worry about getting dirty. Also provide a change of clothing, accidents do happen. If toilet-training, plan on enough changes as may be needed.

Parents of infants need to provide disposable diapers and wipes, ointment if needed. If you desire to use cloth diapers, I will discuss the necessary arrangements with you.

Child may bring a favorite toy or blanket, but please, nothing valuable!

DISCIPLINE: Time-out/quiet chair will be used. No corporal punishment will be used. If there is a problem, I will discuss it with the parent and will try to work together for a solution. If a child does not respond or puts other children in danger, care will have to be discontinued.

TRANSPORTATION: The children accompany me to various places around town, such as parks, library, grocery stores, pet stores, etc.

When transporting your children, they will be placed in proper child safety restraints according to state law.

ADDITIONAL PARENT RESPONSIBILITIES:

- ❑ To notify me if a child must be dropped off or picked up at a time other than normal hours agreed upon.
- ❑ If anyone other than parents will be picking up your child, I must have his/her name on your consent form and have been introduced by sight to such person, or have prior notification and be shown a picture ID if the child cannot identify them. If there is any custody problem or possible conflict in this area, please inform me so that I can protect your child from needless upset or harm.
- ❑ To provide two week's notice of vacation or termination of care.
- ❑ Please keep me informed of changes in the child's behavior or life that can affect him/her.

If you have questions, problems, exceptions made, let's talk!

(This policy statement and daycare contract were developed by Missoula family home day care provider Debra Charlick.)

❑ ❑ ❑ ❑ ❑

EXAMPLE OF A DAYCARE CONTRACT

Child's name _____ Nickname _____

Birthday _____ Age _____ Right-handed, Left-handed, Unknown

Allergies _____

Handicaps _____

Special Needs _____

Child's daily schedule _____

_____

_____

Child lives with _____

Address _____

Mother's name _____ Home phone _____

Address _____

Place and address of business _____

_____ Work phone _____

Father's name _____ Home phone _____

Address _____

Place and address of business _____

_____ Work phone _____

Persons authorized to pick up child _____

Child care will begin on _____

Times and days of care: MON _____ TUES _____ WED _____

THURS _____ FRI _____ Arranged on flexible schedule _____

Fee will be: _____hourly; _____ daily; _____ weekly.

Payments will be made on ____ (day of week) Weekly/Bi-weekly/Daily

We have read and are aware of the policies of Debra Daycare, and gave agreed to the policy and above arrangements.

Parent(s) _____ Date _____

Provider _____ Date _____

CHAPTER 3

CREATING A POSITIVE CHILD CARE ENVIRONMENT

What elements should you include in creating a good setting for young children?

- ❑ **ENVIRONMENT** — It is critical that you "prepare" the house and yard with children in mind.
- ❑ **SCHEDULE** — Create a flexible daily schedule. Be sure to plan time for child-directed play.
- ❑ **DISCIPLINE** — Offer children clear and concise rules. Let them make choices for themselves, choices that YOU can live with! Help children to learn self-control.
- ❑ **STRUCTURE** — Children need a variety of activities and choices within a secure, predictable framework. Think of a boxing ring with four elastic sides — flexibility in a defined structure.
- ❑ **MATERIALS** — Equipment must be in good working condition — safe, clean and age-appropriate.
- ❑ **CURRICULUM** — Learning is not forced. Children must be able to respond to each situation. Help them to learn by providing a balance of active and quiet learning areas and activities.

A good program facilitates:

- ❑ self-help skills
- ❑ language development
- ❑ eye-hand coordination
- ❑ awareness of selves and others
- ❑ creativity
- ❑ large motor and fine muscle development
- ❑ success experiences
- ❑ self-esteem building

Utilize outdoor activities — children learn from their environment!

CHOOSING GOOD BOOKS FOR CHILDREN

Good books create good readers. Selecting good books is an important part of your job. Many child development researchers now conclude that children gain 50% of their intelligence by age four! It is our job, while they are in our care, to give children excellent examples of literature.

Good books provide:

- ❑ characters to identify with
- ❑ language to absorb
- ❑ images to look at
- ❑ stories to reflect on

It is the purpose of reading to enrich the individual. This process can begin with the first good book you share with a child.

An enormous amount of children's literature is available. Choosing the right book for a child can be difficult. Here are some guidelines to make this process a satisfying endeavor:

1) **Consider the child when you shop for a book.** Age is a key — many books give a reference of an age group that a particular book is written for. Be careful not to choose something too simple. Don't be afraid of selecting a book that is a little "older". It will give the child an opportunity to "grow into" the book.

2) **Consider the child's interests and fears in guiding you to a book that interests him.**

3) **Choose books that you like.** Until the child is ready to enter elementary school, you may be the primary reader. Books that interest or touch you will be more interesting for a child to listen to as well.

4) **Look at the book you are considering.** *Read* some of the text. Does it have a pleasing rhythm, are the words well chosen? Are the images and illustrations interesting? Does it give the reader "food for thought"?

5) **In order to refresh storytelling time, rotate books and allow children to share favorite stories.** Try to change books by seasons to refresh storytelling time. When possible, coordinate stories with activity plans or other cues such as holidays or transitions. Stretch any activity with a related story or song.

6) **Visit the public library often.** Patronize a bookstore that takes children's literature seriously.

7) Get to know reference books that will help you find books by subject or author.

8) Familiarize yourself with authors who write books that speak to children.

9) **Choose books that value diversity and new ideas.** Books help children grow as human beings. Additionally, books can help children develop strong feelings about their own power and potential. Don't hesitate to read stories about people who are not like you. When you encounter stereotypes or biases in a book, discuss them with the children. Through books, children can begin to understand their world, and see it as a rich and diverse place.

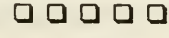
(A reading list of books that you may wish to explore is included at the end of this chapter.)

TIPS FOR STORYTELLING

With picture books, read word for word. When questions arise during the reading you can either answer them spontaneously or tell the children you will discuss them after the story — depending on your personal preference. Read **distinctly** but not **loudly**. If the children are restless, lower your voice - change your inflection. Restless children are more likely to pay attention to an action story with a good plot than to an informational book.

After you have read a story, it is helpful to ask children questions about it, such as, "Could this really happen?" This helps children to understand reality in the context of storytelling. Don't be surprised if a child asks for some stories to be read over and over, and wants you to repeat favorite phrases.

Story time should take between ten and fifteen minutes. If it is a regular part of your daily routine, you may build to a story time of 25 minutes. The important thing is to make time, no matter how long, for reading to be enjoyable, interesting, and relaxing!



THE IMPORTANCE OF PLAY

Play is a powerful natural behavior. Play is a child's **work**. Through play a child learns to:

- ❑ figure out how things work and solve problems
- ❑ talk and share ideas
- ❑ build strength and control of their bodies
- ❑ develop and express imagination and creativity
- ❑ learn about themselves, others and the world
- ❑ express feelings and energy in healthy ways
- ❑ increase ability to concentrate

CHOOSING APPROPRIATE MATERIALS

Good materials are important to good play. They need not be expensive or many. We suggest that good materials be:

- ❑ attractive and interesting to children
- ❑ well constructed, durable and safe
- ❑ matched to children's abilities and stage of development
- ❑ good for children of different ages
- ❑ useful in a variety of ways
- ❑ different or interesting to touch

Safe toys should be:

- ❑ well made, with no sharp parts, splinters or parts that pinch
- ❑ strong enough to hold a child's weight
- ❑ painted with non-toxic, lead-free paint
- ❑ shatter-proof
- ❑ easily cleaned
- ❑ not electric
- ❑ checked frequently for safety

Good materials and toys should be fun, but should travel a step further. They should **require a child's active participation and effort.** The child must do something with the toy in order to get any real satisfaction from it. In other words, the **child** should play (or work), not the toy!

The more ways that a child can explore a toy, the more fun she will have, and the more that child will learn through imagination.

SAFETY PRECAUTIONS WITH TOYS

- ❑ Avoid toys that break easily.
- ❑ Avoid toys that burn.
- ❑ Avoid all toys that cut or puncture.
- ❑ Avoid toys that pinch.
- ❑ Avoid toys that have small parts & can be swallowed.
- ❑ Avoid toys that may cause eye or ear injuries.
- ❑ Avoid toys that may cause bumps and bruises.
- ❑ Avoid toys that are toxic and unclean.
- ❑ Avoid toys that are psychologically harmful.

CREATIVE DEVELOPMENT THROUGH ART

Did you know:

- ❑ When a child is **one year old**, scribbling emerges in repeated circular patterns.
- ❑ When a child is **two years old**, she begins to use multiple and single line crossings with various scribbling patterns all over a page.
- ❑ When a child is **three years old**, a simple cross may be drawn. The child begins to enclose space and a variety of patterns emerge. Two figures will emerge in simple combinations. Soon more than two figures will surface.
- ❑ When a child is **four years old**, he will draw "suns" with extra lines, sometimes forming faces. Human figures, crudely drawn, evolve. Circles and squares begin to be seen.
- ❑ When a child is **five years old**, she will draw animals and trees. Soon buildings and houses appear in her drawings, including more refined means of transportation such as cars, planes and boats.
- ❑ When a child is **six years old**, triangles are drawn well.
- ❑ When a child is **seven years old**, diamond shapes are drawn.
- ❑ When a child is **nine years old**, geometrical figures can be drawn and by the time a child is **eleven years old**, linear perspective can be identified in drawings.

Scribbling is fundamental to the building blocks of art! Children are natural artists and art plays an important role in a child's overall

development. Good caregivers recognize individual differences in young children and encourage expression in an open-ended process. Limit your use of coloring books and "staying in the lines."

("Art Supplies Recipes" to make at home can be found at the end of this chapter.)

WORKING ON RELATIONSHIPS WITH CHILDREN

Understanding children's behavior is a challenge. Remember there is always a reason behind every child's response and it is usually a good one. Try to recognize and understand a child's need. If you don't, he will only become more demanding.

Always be fair and follow through. It helps to keep the rules simple. For example, "We don't do things that hurt ourselves or others." Make sure that justice is applied equally at all times. Let the child know he is safe with you, that they should not hurt others and that you will not let anyone hurt them.

When it is necessary to remind a child of the rules, understand that you are helping him. Be supportive, and use care rather than impatience or anger.

Be careful about interpreting feelings. Ask "is this how you are feeling?" Don't tell a child how they **should** feel. Be careful not to project your own feelings onto the child, or to label behavior. Help a child to use words (rather than physical force) to share feelings.

Don't just care **for** a child, care **ABOUT** them. Let them know you are concerned with their feelings, thoughts and ideas and that they are each important. Eye contact is self-esteem building. Be aware, however, that eye contact, in some cultures is disrespectful. Get to know a child's culture. Bend down to her level. Listen to the child. If you don't understand what is said, tell them so. If they cannot make themselves clear, ask them to show you. If all else fails, let them know that you care about them and you will be glad to try again to understand what they are trying to tell you, when they are ready.

Trust children. If they let you down, let them know how you feel and then trust them again. Acknowledge the child. Call him or her by name. Say "thank you" a lot. Say {Hooray! Good for you!" When she is hurt, sympathize. Attend to the hurt, don't dismiss it. Kiss the hurt - hug the child! **Use lots of praise and positive reinforcement. Limit your use of the word "no".**

Children should experience success most of the time and fail only when

you are certain that **real learning** will take place. Offer children choices that you can live with. Always be positive. Find a way for the child to succeed!

"Always say always . . . never say never."

TIPS FOR YOU . . . THE GROWN-UP

1) **Each child has a need to grow in his or her own way.** Avoid using comparison or competition to discipline children.

2) **All children's behaviors and actions have a reason.** Try to understand them, even if you don't approve of the behavior.

3) **Relax!** You don't have to always be doing something to be useful. When you take a break, sit at the child's level. It is important to be "present".

4) **Prepare children a few minutes ahead before changing activities or environment.**

5) **Allow children to try to settle their own disputes** (unless the child is fearful or there is danger of physical injury).

6) Maintain control in the environment by redirecting children to new activities rather than by disapproval.

7) **Set reasonable limits for children in your care.** Make these clear, enforce them consistently, and allow for flexibility.

PREVENTIVE DISCIPLINE

Try to avoid problems before they arise. Anticipate stressful situations, and redirect children's energy and activities before the situation goes ballistic:

- ❑ Have children rest before they get overtired.
- ❑ Serve them food before they get hungry.
- ❑ Let them go outside. Exercise is critical for growing children.
- ❑ Suggest the potty before its too late!
- ❑ An "activity" is better than a "toy". (Children enjoy a challenge and using their imagination)

A busy child is a well-behaved child. When a child is misbehaving, she is trying to tell you something. Encourage her to "use words" to communicate with you. Give her regular praise and encouragement to avoid the need to "act out" or pester you for your attention.

It is helpful to you the provider and to children in your care if you offer a somewhat "structured" environment. Set clear limits on behavior. Explain the consequences of various behavior. In the case of disruptive behavior, you can turn your full focus to the appropriate behaviors of other children, while ignoring the inappropriate behavior of the misbehaving child. You may wish to designate a "time out" area — a place to reflect alone — for a few minutes, until a child feels ready to rejoin the group. "Time-out" is not intended to be a shameful experience, but rather a calming one. Offer children choices whenever possible. And always work to build healthy self-concepts and high self-esteem.

LET'S DO THE RIGHT THING

As caregivers, we are not allowed to pinch, squeeze, spank or use physical force on any child in our care. Additionally, the Department of Public Health & Human Services regulations for registration and licensure in the State of Montana state that, "Providers shall use appropriate forms of discipline and must not use spanking or other forms of corporal punishment or any other disciplinary technique which is humiliating, shaming, frightening or otherwise damaging to the children."

Your role as a provider will support and affirm children as they grow into healthy adults. You are helping them to love themselves and others.

END-OF-THE-DAY TIP

Keep a small spiral notebook for each child. Jot down details from the day to share with parents. Ask parents to write in their own comments and pass the notebook back and forth at their leisure. Parents genuinely appreciate hearing these news flashes about their children. This technique also allows you to share those special moments that happen in the course of a day with families who care, but may be too busy to notice on their own. In this way, you encourage open communication and foster a positive, mutual concern for each child/family.

RECIPES FOR ART SUPPLIES

PLAYDOUGH

1 cup flour
1/2 cup salt
1 tsp. cream of tartar (as a preservative)

Stir together. Add about 3/4 cup hot water. Add color to water if desired. Add 1 Tbl. vegetable oil. Stir and knead. (When multiplying recipe, use less water. If dough is too sticky, add flour as needed.) Store in covered container or plastic bag.

PAINT BASE

Mix well 1 cup water and 1 cup cornstarch. Add 7 cups water. Boil well (about 10 minutes) stirring constantly. Remove from heat. Add 1/4 cup detergent (for easier clothes washing.) Add 2-4 Tbl. rubbing alcohol as a preservative. Mix well. Mixture will thicken as it cools. Add color and water to reach the consistency you desire.

FINGERPAINT

Use paint base (above) — OR — use liquid starch — OR — Stir 1 cup wheat paste flour into 3 cups water. Add powdered paints or food coloring for color.

CLOUD DOUGH

3 cups flour
2 Tbl. powdered tempera
1/2 cup salad oil
water

Mix together the flour, tempera, and oil. Add enough water to make a soft, pliable, elastic-like dough. This dough does not keep well but is good to use in Montana because it contains no salt and is not drying to the hands.

BUBBLE SOLUTION

1/3 cup soap or baby shampoo
1 1/4 cup water
2 tsp. sugar
1 drop food coloring

Combine ingredients and pour into an unbreakable bottle. To blow bubbles, experiment using plastic straws, pipe cleaners formed into loops, strawberry baskets from the grocery store, spoons with holes in them, and other items you think of!
DO NOT DRINK! (Courtesy of Discovery Toys)

PASTE
1 cup flour
1/2 cup water

Store in covered container. For more durable paste, add 1/2 cup flour to 1 cup boiling water.

"GLOP"
Cornstarch

Add water until it's "gloppy" — looks wet, feels dry. You can add more cornstarch as needed to make good "slime". Add food coloring.

SILLY PUTTY
2 parts white glue
1 part liquid starch
Stir and knead.

MODELING DOUGH
1 cup flour
1 cup water
1 Tbs. oil
1/2 cup salt
1 tsp. cream of tartar
food coloring

Mix ingredients in a pan. Cook over medium heat until mixture pulls away from sides of pan and becomes doughy in consistency. Knead until cool. Model different colors of clay into any shape you can imagine. Can be used over and over again. Keeps 3 months refrigerated. DO NOT EAT! (Courtesy of Discovery Toys)

SAND PLAYDOUGH
2 cups cornstarch
4 cups sifted sand
3 cups water

Cook at least 5-10 minutes over medium heat (in an OLD saucepan). Knead and use. Air dry.

SAND SCULPTURES
Mix water and plaster of paris in a can until it looks like cream. Quickly stir in sand until it looks like thick whipped cream. Pour some onto waxed paper, creating towering squiggles or long creations. Squeeze it to make unusual designs. Paint (and decorate) when dry.

COLORED MACARONI

Mix small amounts of food coloring and rubbing alcohol (or vinegar). Add macaroni and stir. (Or put in a jar with a top and shake.) Put in a single layer on newspaper to dry.

KOOL-AID PLAY DOUGH

2 1/2 - 3 cups of flour
2 cups boiling water with 1 pkg. of Kool-Aid
3 Tbs. corn oil
1/2 cup salt
1 Tbs. alum

Mix ingredients and knead with flour. (May take up to 1 cup. Use more if the dough draws moisture in high humidity.) Keeps well, nice fragrance, very colorful, and has wonderfully soft flexibility.

FINGER PAINT

2/3 cup dry starch or cornstarch
1 cup cold water
3 cups boiling water
1 Tbs. glycerin
1 cup Ivory Soap Flakes
2 Tbs. liquid soap oil of cloves
A few drops (preservative) calcimine pigment or food coloring.

Dissolve starch in cold water. Smooth lumps and add boiling water. Stir constantly. Thicken until clear but do not boil more than one minute. Add rest of ingredients (hot or cold). Use on glazed paper, newsprint, wrapping paper, or on a washable surface for monoprints.

NON-HARDENING NO-COOK PLAY DOUGH

3 cups flour
3 Tbs. alum
1/2 cup salt
2 Tbs. cooking oil
2 cups boiling water

Add 10 drops food coloring to liquid or 2-3 dry tempera to flour. Adjust color intensity as desired. Mix in order given. Can use a dough mixer, mixmaster, or stir with spoon. Knead well. Keeps up to 6 months in heavy plastic lock bag.

POTTER'S CLAY
1/2 cup flour
1/2 cup cornstarch
1 cup salt dissolved in 3 3/4 cups of boiling water

Blend flour and cornstarch with enough water to make paste. Boil water and salt. Add to cornstarch mix and cook until clear. Cool overnight then add 6 to 8 cups of flour and knead until clay reaches desired consistency.

NOTE: Keep a metal salt shaker full of flour handy for the children to keep clay from sticking to their hands.

READING LIST

Here is a list of recommended books to read to your children. Your program may own many of these. They are all available at the children's rooms of most public libraries.

Aardema
Borreguita and the Coyote

Alexander
Noise in the Night

Allen
Count on Me

Allen
Numbers

Asch
George's Store

Bartoli
Nonna

Barton, Collins
The Three Bears

Bemelmans
Madeline

Briggs
The Mother Goose Treasury

Brooke
Little Chicken

Brooke
The Story of the Three Bears

Brown
The Dead Bird

Brown
Goodnight Moon

Brown
The Runaway Bunny

Brown
Stone Soup

Brown
Willie's Animal

Brown
Goodnight Moon

Burns
Life and Death in the Third Grade

Burton
Mike Mulligan and His Steam Shovel

Carle
One, Two, Three, To the Zoo

Carrick
The Accident

Clark
Poppy Seed Cakes

Day
Carl's Afternoon In the Park

DePaola
Nana Upstairs and Nana Downstairs

DePaola
Tomie DePaola's Mother Good

Dobrin
Scat

Ets
Gilberto and the Wind

Ets
In the Forest

Ets
Play with Me

Holding
Lazy Little Zulu

Hutchinson
Book About Science

Jeffers
Brother Eagle, Sister Sky

Jeunesse
Weather

Johnson
Harold and the Purple Crayon

Jonas
When You Were a Baby

Joslin
What Do You Say, Dear?

Keats
I Know a Story

Keats
Peter's Chair

Keats
The Snowy Day

Keats
Whistle for Willie

Kramon
Eugene and the New Baby

Krasnilovsky
The Very Little Boy

Krasnilovsky
The Very Little Girl

Krauss
The Bundle Book

Krauss
The Carrot Seed

Krauss
I Went for a Walk in the Forest

Kunhardt
Pat the Bunny

Langstaff
Over in the Meadow

Leemis
Mister Momboo's Hat

Lenski
Cowboy Small

Lillie
When the Rooster Crowed

Lionni
Fish is Fish

Lionni
Inch by Inch

Lionni
Little Blue and Little Yellow

Lloyd
New Golden Song Book

Martin, Jr.
Chicka Chicka Boom Boom

Martin, Jr.
Polar Bear, Polar Bear, What Do You Hear?

Mazer
The Salamander Room

McClosky
Blueberries for Sal

McClosky
Make Way for Ducklings

McClosky
Time of Wonder

Malrino
Buzzy Bear's Winter Party

Matthiesen
Things to See

Meeks
The Little Engine

Meeks
One Is the Engine

Meyers
Why Mother is Lost

Milne
When We Were Very Young

Minarick
A Kiss for Little Bear

Minarick
Little Bear's Visit

Munari
Bruno Munari's ABC

Munari
Bruno Munari's Zoo

National Geographic
Dinosaur Babies and Playful Pandas

Numeroff
If You Give a Moose a Muffin

Oliver
My First Look at Sorting

O'Neill
Hailstones and Halibut Bones

Oxenburg
Number of Things

Parker
Golden Book of Science

Pelham
A Is For Animals

Peet
Smokey

Potter
Peter Rabbit

Reid
Zoe's Snowy Day

Rey
Curious George

Ringgold
Tar Beach

San Souci
Talking Eggs

Scarry
Richard Scarry's Best Mother Goose Ever

Scarry
Richard Scarry's Best Word Book Ever

Scarry
Richard Scarry's Mother Goose

Scieszka
True Story of the Three Little Pigs

Sendak
Chicken Soup with Rice

Sendak
Where the Wild Things Are

Seuss
Horton Hatches the Egg

Seuss
To Think I Saw It On Mulberry Street

Shaw
Sheep in a Shop

Shott
Mealtime

Slobodkina
Caps for Sale

Sinnenborn
Questions and Answer Book of Every Day Science

Thompson
Eloise at Christmastime

Udry
Let's Be Enemies

Van Allsburg
Polar Express

Van Allsburg
The Wretched Stone

Viorst
The Tenth Good Thing About Barney

Wells
Max's First World

Wildsmith
Brian Wildsmith's ABC

Wildsmith
Brian Wildsmith's Circus

Windham
Read Me a Story: A Child's Book of Favorite Tales

Withers
A Rocket in My Pocket

Yashima
Umbrella

Yolen
Wings

Zaffo
The Big Book of Real Building and Wrecking Machines

Zaffo
Giant Nursery Book of Things That Work

STAGES OF LANGUAGE DEVELOPMENT

1 - 2 Years Old

Recognizes own name — Understands "no" — Understands simple instructions — Imitates familiar words — Waves good-bye, plays pat-a-cake — Uses "mama" and "dada" and several other words, usually nouns — Likes to make the sounds of familiar animals and things — Gives a toy on request — Laughs — Will use many different consonant sounds at the beginning of a word — Puts two words together — Uses some 1 or 2 word questions ("go bye-bye?", "what's that?") — Vocabulary grows monthly.

2 - 3 Years Old

Listens for meaning of words, not just sounds —Understands simple questions and commands — Identifies body parts — Uses mainly names of things, actions, persons, and situations. Sentences are 2-4 words long — Refers to self by name — Identifies pictures — Uses 2-word negative structures (such as "not go" or "no want") — Ask for the toilet or drink — Listens to stories with pictures — Often asks for or directs your attention to objects by naming them — Can be understood most of the time — Uses 2 or 3 word sentences to talk about and ask for things — Has a word for almost everything. Loves to say no!

3- 4 Years Old

Can match primary colors, and names one color — Sentences are 3 or 4 words — Can sing songs — Expresses fatigue — Asks "what" questions frequently — Is easily understood — Talks easily most of the time without repeating syllables or words — Says most sounds correctly (except a few, such as r, l, th and s) — Talks about what to do away from home

CHILD DEVELOPMENT LANDMARKS

Birth to 4 Years

Motor Skills	
0-6 months	Kicking, reaching, and grasping
6-12 months	Crawling, walking
1 1/2 years	Putting toys in a can, pincer grasp, scribbling
1 1/2 - 2 yrs.	Walks around holding toys
1 - 2 1/2 yrs.	Climbs stairs
2 1/2 - 3 yrs.	Draws round n' round circles, stacking blocks
3 - 3 1/2 yrs.	Kicks ball, uses small pegs
3 1/2 - 4 yrs.	Draws a person
Social Skills	
0-6 months	Smiling
6-12 months	Smiling at special people
1 1/2 years	Identifies body parts, awareness of daily routine
1 1/2 - 2 yrs.	Suddenly dependent on adults
2 - 2 1/2 yrs.	Wants to use toys with other kids
2 1/2 - 3 yrs.	Uses imagination — fantasy play
3 - 3 1/2 yrs.	Dresses self, eats by self
3 1/2 - 4 yrs.	Role playing
Language Skills	
0-6 months	Babbling
6-12 months	Jargon
1 1/2 years	Labels objects
1 1/2 - 2 yrs.	Combines 2-3 words
2 - 2 1/2 yrs.	Learning new words quickly, says name
2 1/2 - 3 yrs.	Fascinated by words — repeats words
3 - 3 1/2 yrs.	"Reading pictures" in picture book
3 1/2 - 4 yrs.	Retells a familiar story, rhyming words
Cognitive Skills	
0-6 months	Batting at toys
6-12 months	Learning how to make a toy work — cause and effect
1 1/2 years	Finding hidden toys — object permanence
1 1/2 - 2 yrs.	Can use pull toys
2 - 2 1/2 yrs.	Uses block as an imaginary car
2 1/2 - 3 yrs.	Sorts objects by their use
3 - 3 1/2 yrs.	Problem-solving — can do a 6-12 piece puzzle
3 1/2 - 4 yrs.	Can find a toy of a certain color or size

Reprinted from Iowa Family Day Care Handbook, Iowa State University Child Development Training Program, Ames, IA 1972

A SAMPLE DAY CARE SCHEDULE

7:00-8:45	Arrival time, welcome, free-choice activities that you have prepared
8:35-8:45	Clean-up
8:45-9:00	Wash hands, toileting
9:00-9:30	Snack or breakfast Clean up, stretching, movement
9:30-10:00	Circle time, stories, music, science, calendar, discussion of the day's events
10:00-10:45	Structured activity (2-4 choices) (Painting, cooking, blocks, play dough, library, puppetry,cutting/pasting, carpentry, dramatic play)
10:45-11:00	Clean up
11:00-11:30	Outdoor play
11:30-12:00	Lunch
12:00-12:45	Clean up, toileting, teeth-brushing, stories
1:00-3:00	Rest time (Napping, quiet time with books or music)
3:15-3:30	Snack, clean-up
3:30	Circle time, sharing or free choice
3:45-4:15	Clean up, music, large motor activity
4:15-5:00	Outdoor play
5:30-6:00	Cleanup, quiet activities, limited free choice

The key to a successful schedule is to alternate long, active periods with short, quiet periods. Young children are naturally active and learn best by initiating, exploring and discovering for themselves. Therefore, plan your schedule with flexibility to adjust accordingly.

CHAPTER 4

CHILD CARE NUTRITION

NUTRITION IMPACTS QUALITY CHILD CARE

Children of working parents usually eat more food in child care settings than at home! Up to 75% of these children's meals and snacks are consumed at their daycare sites. Child care providers have become crucial sources of nutrition for America's growing children.

Nutrition is such an important consideration for quality child care that Resource & Referral agencies and parent education classes are informing parents to seek out providers who serve nutritious meals.

When children in child care are served balanced meals, coupled with ongoing nutritional education during their formative years, they acquire lifelong eating habits and good health. Coordinated efforts of providers and parents in providing children with balanced diets can begin to alleviate numerous adult nutrition-related diseases that take root in childhood (heart disease, obesity, tooth decay, and some cancers).

Good nutritional habits cultivated by you, the provider, will also benefit your own health and help you to keep up with energetic children! The nutrition education you gather in order to professionalize your business can also be carried over to your own family.

Since children are rapidly growing physically and mentally, their needs for nutrient-rich food is greater than at any other time in their lives. In relation to body weight, a child's nutrient requirements are greater than an adult's. There's less room for empty calories. Therefore, focus on food consumption is on ***QUALITY -- not QUANTITY.***

CHILDHOOD FOOD CONSUMPTION GUIDE

Serve 1 tablespoon of each food item for every year of age. For example, 3 tablespoons of mashed potatoes is reasonable for a 3-year-old.

Ongoing nutrition education is imperative for quality child care to assure families that their children's physical and mental development is not delayed. The USDA Child & Adult Care Food Program provides this service for child care providers.

U.S.D.A. CHILD & ADULT CARE FOOD PROGRAM

The Child & Adult Care Food Program (CACFP), a food assistance program operated by the Food & Nutrition Service of the U.S. Department of Agriculture (USDA), was established in 1968 when Congress enacted a law creating the Special Food Service Program as part of the National School Lunch Act. In 1989, the program modified its name to the Child & Adult Care Food Program to reflect the inclusion of a special adult care component to the program.

The Food Program provides federal reimbursement funds and surplus foods to child care providers who serve meals in compliance with USDA guidelines at *no cost to families* (in **FAMILY HOME** and **GROUP HOME CARE**) or at a *reduced cost* for income eligible families (in **CENTER-BASED CARE**). Approximately 1.6 million children participated in the program in 1991.

The CACFP permits participation of any public or private non-profit organization which provides licensed or approved non-residential child care services including: daycare centers, family homes, group homes, Head Start Centers, and special adult day care centers. For-profit centers receiving funds under Title XX of the Social Security Act for at least 25% of the children in their care may also qualify for assistance.

The CACFP reimburses child care providers in homes and centers for up to two meals and a snack per day without passing food costs directly to parents. Most importantly, food costs do not impact providers' profits, so children's meals can be guaranteed to meet USDA's guidelines for proper nutrition.

CACFP also has far-reaching benefits in the form of more and better quality child care. It has done more than any other program to make family day care visible. It is an excellent resource for communities that want to increase the number of providers because it helps keep provider fees affordable and because it is a powerful provider recruiting tool. Studies have shown that provider turnover is reduced when providers receive CACFP support.

Although participation in theCACFP is optional and voluntary, Montana Department of Public Health & Human Services Food Program regulations stipulate that all center-based care facilities (for-profit and non-profit) must adhere to USDA guidelines. Family and Group Home providers must have food records available for families and registering agencies. Therefore, knowledge of USDA Food Program guidelines is beneficial for all child care facilities.

Reimbursement rates, regulations, and record-keeping requirements are set by the USDA and are administered through state agencies. Montana's administering state agency is the:

Child Nutrition Program
Department of Public Health & Human Services
Cogswell Building
Helena, MT 59620
(Phone: 406-444-4740)

Child care FAMILY HOMES and GROUP HOMES can participate in the Food Program under a local sponsoring organization which has an agreement with the State of Montana to administer the program in that area. Child care non-profit CENTERS must contract directly with the state's Child Nutrition Program.

FOOD PROGRAM BENEFITS TO PROVIDERS AND CHILDREN

The Child and Adult Care Food Program provides financial and educational support to registered/licensed providers to help them serve nutritious meals to the children in their care. Participating providers receive:

- ❑ Monthly reimbursement for meals and snacks served. The reimbursement compensates for grocery expenses, record-keeping, and meal planning/preparation.
- ❑ Monthly nutrition ideas and suggestions.
- ❑ Three on-site monitoring/training visits per year for family and group home providers from the sponsoring organization's staff (periodic visits from the State office for centers).
- ❑ One CACFP-specific nutrition workshop per year for home providers.
- ❑ Annual evaluations to determine menu nutritional content.
- ❑ Annual Parent Surveys to confirm children's CACFP participation.
- ❑ Complimentary CACFP Management Manual developed by the State Nutrition Program that details requirements and offers meal ideas and nutrition information.

Reimbursements can be a substantial addition to a child care provider's income. For example, the average reimbursement for 6 full-time children for an average work month (22 days) is $347 when children are fed breakfast, lunch and one snack.

To join the Child Care Food Program, a provider must:

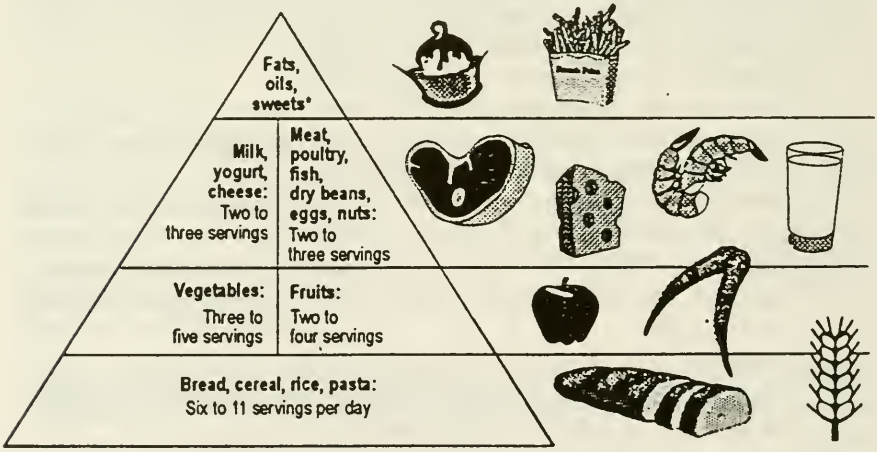
- ❑ Become registered through the Department of Family Services.
- ❑ Arrange a sign-up visit from the local sponsoring agency.
- ❑ Receive an on-site follow-up visit one month after sign-ups.
- ❑ Complete contracting forms.
- ❑ Enroll every participating child through the parents.

NUTRITION AND CHILD CARE

In planning meals for children, a child care provider must choose a variety of foods that meet USDA age-appropriate guidelines from four basic food component groups: 1) ***Breads & Grains;*** 2) ***Vegetables & Fruits;*** 3) ***Meat & Meat Alternates;*** and 4) ***Fluid Milk*** (other milk products, i.e., yogurt and cheese, are included in the Meat Alternate group since USDA stresses liquid milk consumption at meals).

Not all foods within each food group contain the same amount of vitamins and minerals. It is important to include many different foods from each food group to get all the 50+ nutrients needed for healthy bodies. CACFP participants are trained to plan their meals with adequate sources of Iron, Vitamin A and Vitamin C (key nutrients that are deficient in young children).

THE USDA FOOD GUIDE PYRAMID


Fats, oils, sweets*
Milk, yogurt, cheese: Two to three servings
Meat, poultry, fish, dry beans, eggs, nuts: Two to three servings
Vegetables: Three to five servings
Fruits: Two to four servings
Bread, cereal, rice, pasta: Six to 11 servings per day

The newly-released 1992 ***USDA FOOD GUIDE PYRAMID*** is a visual companion to the Child and Adult Care Food Program serving guidelines. It illustrates the graduated importance of the food groups in proportion to a healthy diet.

DIETARY GUIDELINES

In a continuing nationwide effort to improve children's health, child care feeding programs are encouraged to follow the ***U.S. Dietary Guidelines*** (modified for children):

1990 U.S. DIETARY GUIDELINES (Modified as "NUTRITION GUIDANCE FOR CHILD NUTRITION PROGRAMS")

- ❑ Offer a variety of foods.
- ❑ Serve meals that help maintain a healthy body and weight.
- ❑ Offer foods low in fat, saturated fat and cholesterol.
- ❑ Serve plenty of vegetables, fruits and grain products.
- ❑ Offer and use sugars only in moderation.
- ❑ Offer and use salt and sodium only in moderation.
- ❑ Promote an alcohol and drug-free lifestyle.

THE "BASIC FOUR" FOOD COMPONENT GUIDE

CACFP participating providers must serve nutritious foods utilizing the U.S. Dietary Guidelines. In planning meals for children, a provider must choose a variety of foods from the following four food groups considering differences in texture, color, and temperature ***(A LIST OF APPROVED REIMBURSEABLE COMPONENTS FOR EACH FOOD GROUP IS INCLUDED AT THE END OF THE CHAPTER):***

- ❑ ***FLUID MILK GROUP*** (4 servings required per day*). CACFP defines this group as "fluid milk," only. Other milk products (cheese & yogurt) are considered "protein components" in the Meat Alternate Group.

  Includes: Whole Milk, Acidopholus, Lowfat Milk, Purchased Chocolate Milk, Skim Milk, and Buttermilk.

  Based on recommendations by the American Academy of Pediatrics, reduced fat milk is not recommended for children under 2-years-old as the higher fat content is needed for brain development and growth.

*Serving requirements reflect **total** daily requirements including those received in child care.

❑ ***MEAT & MEAT ALTERNATE GROUP*** = Proteins (2- 3 servings required per day).

Includes: Beef, Pork, Chicken, Fish, Cottage Cheese, Lamb, Liver, Eggs, Peanut Butter, Yogurt, Cheese, Dried Beans/ Peas/Lentils (cooked).

❑ ***BREADS/CEREALS/GRAINS GROUP*** (4+ servings required per day).

Includes: Bread, Pasta, Cereals, Corn Bread, Crackers, Muffins, Rice, Tortillas, Pancakes, Buns, and Won Ton Wrappers.

❑ ***FRUITS & VEGETABLES*** (4+ servings required per day).

Includes: Fresh Fruit and Vegetables, 100% Fruit and Vegetable Juices, Dried Fruit, and 100 % Fruit and Vegetable Sauces/Pastes/Purees.

Vitamins A and C are the two vitamins most often lacking in American children's diets. Vitamin C is not stored in the body and therefore needs to be replaced daily through the foods we consume. Vitamin C also aids in absorbtion of IRON from plant and grain sources. Iron from meat sources is already in an absorbable state.

For special Infant Feeding Guidelines, refer to page 58.

SUPERMARKET SAVVY

As a self-employed business professional, you will become quite knowledgeable about getting the most nutrition out of your food program dollars. You can save money while still serving high-quality delicious food! The following are some guidelines that other child care providers have found helpful in budgeting their grocery budget:

- ☙ Plan a "Cycle Menu."
- ☙ Budget your shopping time and money; don't spend more of either than you can afford!
- ☙ Offer water between meals as an economic alternative to juice or milk (but not as a component substitute).
- ☙ Use leftovers wisely (recycle components into other recipes).
- ☙ Grow your own food; it's economical as well as a fun activity to do with your day care children!

- ❑ Read food labels! This is one of the most important ways you can save money, as well as get the most nutritious food for your day care kids and family.
- ❑ Comparison shop! Compare the unit price to determine the best buy.
- ❑ Buy in bulk when available. As well as being economical, it is best for the environment (no excess packaging).

CYCLE MENUS

A ***"Cycle Menu"*** is a well-planned series of menus that can be repeated over a period of months. While the initial preparation of cycle menus can be time consuming, they can actually save you time in the long run. Once you have a cycle menu that works for you, your meal planning and shopping preparation will be a breeze!

Cycle menus can also ensure that children are receiving diets high in Iron, Vitamins A and C (three nutrients providers should include in menus for small children), as well as meeting food program requirements.

CYCLE MENU PLANNING STEPS

1. **PLAN LUNCHES FIRST.**

- ❑ Select a meat or meat alternate dish for each day of the entire cycle.
  - Incorporate a VARIETY of main dish items.
  - If a meat component is repeated during the cycle, vary other component items to accompany it.
- ❑ Choose the vegetables and fruits next.
  - Plan vegetables and fruits that compliment the main dish and each other.
  - Use a different combination of two or more servings of vegetables and fruits each day.
  - Include various fruit/vegetable presentations such as raw, cooked, canned, frozen or dried.
  - Use seasonal fruits/vegetables to save dollars.
- ❑ Decide on the appropriate bread/bread alternate.
  - Select a variety of breads and bread alternates.
  - Use an enriched or whole-grain bread which goes well with the main dish.

- If the main dish is a combination dish, you may already have the bread or bread alternate included. For example, a hamburger/rice casserole would provide the meat and bread alternate together in the main dish; or spaghetti would include the pasta.
- Vary types of breads/grains using: hot breads, rolls, sandwich buns, muffins, biscuits, brown bread, cornbread, tortillas, rice, won tons, and pita bread.

❑ Provide fluid milk at all lunches. Do not serve another beverage in the same meal. It is difficult for children to consume more than one beverage at a meal — and, milk should be the beverage consumed.

❑ Add other foods as needed.
- Include other foods in the lunches to help meet calorie and nutrient needs. When following a low-fat diet, be sure that calorie needs are met by providing extra bread, grains, fruits and vegetables.
- Avoid adding foods that would not also qualify for meal components, such as candy, cake, jello, and other non-reimbursable items. This ensures good nutritional quality of your menus as most non-reimbursable items are high in sugar or fat and low in nutritional value.

2. **PLAN BREAKFAST TO ACCOMPANY LUNCH.**

❑ Do not use the same foods for breakfast and lunch in the same day or in adjacent days (i.e., muffins for breakfast and again at lunch, or blueberry muffins on Monday and again on Tuesday).

❑ Plan a light breakfast with a hearty lunch or reverse with a hearty breakfast and lighter lunch.

❑ Fluid milk is required, but can be used with dry cereal.

- ❑ Plan a fruit, vegetable or 100% fruit/vegetable juice with each breakfast. Again, it has been observed that children have difficulty consuming two beverages at the same meal. It is acceptable to serve milk and juice together at breakfast if the milk is served over cereal.
- ❑ Plan a variety of enriched whole-grain breads or bread alternates.

3. **PLAN SNACKS.**

- ❑ Choose 2 of the 4 food components for each snack. Pick items which compliment each other. For example, crackers and milk go well together (dry with wet), but milk and orange slices do not (both wet with strong after-taste).
- ❑ Use snacks to round out the day. Do you have a good source of Vitamin C, Vitamin A and Iron? If not, put one in at snack.

EVALUATING YOUR MENU

Whether you use a cycle menu or not, you will want to evaluate the quality of the diet that you are serving your day care children. This will help you, not only with ensuring an appetizing and nutritious menu, but also in keeping your food costs manageable. REMEMBER, YOU DO NOT HAVE TO BE "LOCKED INTO" A CYCLE MENU. IT IS POSSIBLE TO VARY YOUR CYCLE WHEN NEEDED. SOME PROVIDERS HAVE SEASONAL MENUS REFLECTING AVAILABILITY OF FRESH PRODUCE.

Some things to look at when evaluating your menu:

- ❑ Variety:
  - Color
  - Texture
  - Shape
  - Temperature
  - Flavors
  - Preparation Methods

- ❑ Whole-grain products served often.
- ❑ Raw fruits and vegetables served often
- ❑ Good source of Vitamin C daily.
- ❑ Good source of Vitamin A every other day.
- ❑ 4-5 sources of Iron daily.
- ❑ Balance between "high fat" foods and "low fat" foods.
- ❑ Snacks round-out the day's nutritional needs.
- ❑ Most foods familiar and enjoyable to the children.
- ❑ New foods introduced periodically.
- ❑ Children's special needs adapted into menus (Example: religious preferences; allergies; handicaps).
- ❑ Special days acknowledged (holidays; birthdays).
- ❑ Avoid repetition.

DON'T FORGET WATER!

Our bodies need 3-6 glasses of water a day. Water keeps the body functioning and the body temperature constant. It is especially important during the summer months for children to have easy access to water throughout the day. Two-thirds of our body is made up of water, and it is easy for small children to get dehydated!

State regulations for registration require that drinking water be available to children and offered at frequent intervals. Access to water between meals also cuts down on loss of appetite. ***WATER IS CRUCIAL THROUGHOUT A CHILD'S DAY!***

PROVIDERS' NUTRITIONAL ROLE

- ❑ Help child enjoy eating healthy foods.
- ❑ Meet U.S.D.A. feeding guidelines.
- ❑ Protect child from food hazards: choking, poisoning, and kitchen accidents.
- ❑ Provide child's eating habits and patterns to parents.
- ❑ Post daily menus for parents.
- ❑ Responsible for menu and delivery of service.
- ❑ Knowledge of children's nutritional needs.
- ❑ Provide ongoing nutrition education to children.

Part of being a caregiver is observing the children in your care and giving the parents feedback on what you see going on in their children's lives. Remember, children spend more of their waking hours with you; parents depend on your knowledge. You, as the provider of two-thirds of children's daily nutritional needs, will want to know if a child is indeed receiving proper nutrition. Some indicators of a well-nourished child are:

WELL-NOURISHED CHILD

- ❑ Healthy appetite, with normal urine and bowel movements.
- ❑ Good attention span.
- ❑ Normal sleep routines.
- ❑ Good posture and straight limbs.
- ❑ Smooth skin with good color.
- ❑ Shiny hair and a healthy scalp.
- ❑ Smooth lips.
- ❑ Pink gums, with no swelling or bleeding.
- ❑ Clean teeth, free of cavities.
- ❑ Bright, clear eyes with healthy pink membranes.
- ❑ Firm fingernails with pink nailbeds.

FAMILY STYLE MEAL SERVICE

FAMILY STYLE MEAL SERVICE is recommended for use by providers in feeding young children. When meals are served "family style," providers and children participate together in table setting, passing dishes, eating, and clean-up. During this learning experience, conversation and appropriate eating habits are stressed. Children learn how to pass food and serve themselves. They take responsibility for serving themselves, and they decide how much and what they will eat. This lets them be in control, and helps them to begin to develop self-esteem.

AVOID USE OF FOOD AS A REWARD OR PUNISHMENT. Children should be encouraged to taste all food offered, but the stress of cleaning plates or eating a food that is disliked is uncomfortable for everyone at the table. Studies indicate the root of eating disorders stems from use of food as a reward or punishment in children's formative years. If a child does not want one of the foods offered, be sure there are plenty of other items offered items to satisfy his/her appetite. You are not required to be a "short-order cook," but you are required to offer nutritious meals and snacks.

Early childhood professionals see many advantages to Family Style Meal Service:

- ❑ Relaxing atmosphere provided for the children.
- ❑ Provider serves as a role model for the children.
- ❑ Children learn proper manners and use of utensils.
- ❑ Children learn to share.
- ❑ Leisurely meals provide socialization.
- ❑ Good eating habits are observed.
- ❑ Self-confidence is built with a sense of purpose.
- ❑ Development of hand-and-eye coordination and motor skills is practiced.

TIPS FOR CHILD-APPROPRIATE MEALTIME

What can a child care provider do to make mealtime easier? Here are suggestions from the experts:

- ❑ A quiet transitional activity before the meal allows the children to calm down after their activities. When children are relaxed before coming to the table, accidents are reduced and mealtime is calmer. Nutrition education is an excellent idea at this time because it stimulates an appetite as well as curiosity.
- ❑ Use tables, chairs, dishes, cups and silverware that are suitable for young children. Eat in a setting that is comfortable, well lit, in close proximity to the learning activity areas, sink, and the bathroom.
- ❑ To prevent the spread of disease, children and adults should wash hands before mealtime or food preparation.
- ❑ Plan to spend an adequate length of time for a leisurely meal (about 30 minutes).
- ❑ Children need to make simple decisions like choosing their own places at the table.
- ❑ Serve meals with <u>everyone</u> present.
- ❑ Help the children to serve themselves small portions with the opportunity for seconds.
- ❑ Acknowledge desirable behavior and provide guidance for undesirable behavior.
- ❑ Respect children's meal preferences when planning menus, but don't give in to "short-order" cooking. Your responsibility is to offer all required meal components, not cook separate meals!
- ❑ Fruit should not be withheld or served as dessert. It is as equally important as vegetables.

- ❑ Never use food as a reward or withhold it as a punishment.
- ❑ Establish regular meal and snack schedules.
- ❑ Involve children in meal preparation projects. They tend to eat what they prepare!
- ❑ Adults are role models when they eat the same food as children.
- ❑ Make meal time pleasant including all children in conversation.
- ❑ Have children help clean up their eating area. Child-size buckets and sponges should be available. Give assistance if necessary.
- ❑ When the children are finished eating, they can help clear the table. Have them scrape their plate and put the dirty plates and utensils in the proper place.
- ❑ Don't forget to BRUSH TEETH after meals!

COMMON FOOD-RELATED BEHAVIOR PROBLEMS

CHILD WON'T TRY NEW FOODS.

We all have about 9,000 taste buds, but children's are much more acute than those of adults — some flavors are overpowering to them. Forcing a child to eat a particular food usually creates a bad association with that food that can last for years! Try a different method of preparation, or just wait for a few months, and offer it again. Tastes change with age!

Ways to get a child interested in a certain food:

- ❑ Give the food a funny name.
- ❑ Serve food in a different way or disguise it.
- ❑ Let child grow the food in indoor or outdoor gardens.
- ❑ Let child help prepare the food.
- ❑ Seat child next to a friend who loves what is served.

CHILD HAS A SMALL APPETITE.

A child's growth rate slows at age one, and so does the appetite. Serve small portions so that the child can have a sense of accomplishment when finished. Offer food before children get tired and cranky. Overly-hungry children can get too weak and upset to eat. If you suspect a medical reason for the limited appetite, alert the parents to contact their doctor.

CHILD WON'T EAT VEGETABLES.

If a child won't accept cooked vegetables with meals, offer fresh veggies and dip as a snack or camouflage in soups, sauces,

salads, or casseroles (i.e. tomatoes in pizza sauce). Allow children to select and help prepare vegetables. Avoid bribing with dessert. FRUIT IS NOT TO BE WITHHELD AND SERVED AS A DESSERT! Fruit is equally important as vegetables. So if children are missing valuable nutrients from vegetables, they can be obtained from fruit.

CHILD HAS "FOOD JAGS."

It's not uncommon for young children to want the same food over and over. These periods don't usually last long. As long as the food in demand is nutritious, serve it. Try not to turn the food jag into an ongoing power struggle.

CHILD SPILLS OFTEN OR USES FINGERS TO EAT.

This is normal behavior for toddlers. Coordination is not yet well-developed, so small fingers work better than forks. Feeling food with the hands is one way toddlers explore their environment. When spills occur, be calm and reassuring. Allow children to help clean up. Table manners will mature in time. In the meantime, prepare lots of "finger foods" which allow children to explore without getting into power struggles.

CHILD HAS CAVITIES.

Limit a child's intake of sweet sticky foods like dried fruit. High-sugar foods do less harm if eaten with meals. An overall good diet is the first step to cavity-resistant teeth.

SNACK TIME

Snacks should round out a child's diet, not replace meals. Because children eat only a little at a time and quickly use up the food they eat, they need to eat frequently — about every 2-3 hours. A pattern of three meals with two or three snacks may be best accepted by pre-schoolers.

A nutritious snack must contain two of the four U.S.D.A. components, and should:

- ❑ Be pleasant to look at and good to eat.
- ❑ Provide adequate nourishment without filling the child up.
- ❑ Supply valuable nutritive elements (vitamins and minerals), while avoiding useless calories.
- ❑ Vary from day-to-day.
- ❑ Keep the child's mind and fingers busy.
- ❑ Include foods children like.

MAKE COOKING EASIER ON YOURSELF!

- ❑ Do as much preparation as possible the night before when children aren't around.
- ❑ Save time and energy by doubling recipes and freezing half for a later date. Spaghetti sauce, soups, stews, casseroles, quick breads and chili are examples of foods that can all be prepared in quantity for freezing for future use.
- ❑ Modify a recipe for the next day's use. For example, serve yesterday's chili on top of baked potatoes, macaroni, or on a taco shell with fresh lettuce and tomatoes.
- ❑ Prepare several different dishes at once to save baking time. You can use one immediately and freeze the others. Plan leftovers to be served in another form (for example, turkey can be served in sandwiches, casserole, stew and stir-fry).

KEEPING FOOD SAFE TO EAT

The food you serve children in your care must be safe and free of bacteria that may cause illness. Food from unsafe sources, improperly handled or stored, is subject to contamination and growth of bacteria. One error or instance of carelessness can cause the spread of disease with drastic consequences. Good sanitation practices reduce the possibility for bacteria to come in contact with food and grow.

PERSONAL HYGIENE

- ❑ Always work with clean hands including the fingernails! Wash thoroughly with soap and water after:
    - Going to the toilet.
    - Changing diapers or assisting with toileting.
    - Touching your face, hair, or infected part of body.
    - Blowing your nose, sneezing or coughing.
    - Touching dirty clothing, rags, or work surfaces.
    - Clearing dirty dishes and utensils.
    - Handling raw meat or unwashed food.
    - Handling money or pets.
    - Outdoor activities.
- ❑ Use disposable towels for drying. Cloth towels are excellent hiding places for germs.
- ❑ Keep hands away from your mouth, nose and hair. Always cover your mouth with a tissue when you cough or sneeze, then dispose of the tissue. If tissues are not handy, it is recommended to cough or sneeze into your sleeve if handwashing is not convenient.

- ❑ Do not allow open cuts, sores, or rashes to come into contact with food. Wash wounds carefully and cover with a clean bandage.
- ❑ Keep clothing and hair clean.
- ❑ Wash before and after eating. CHILDREN TOO!

EQUIPMENT & UTENSIL CLEANLINESS

- ❑ Thoroughly wash and rinse work surfaces before and after use, paying close attention to cracks and corners.
- ❑ Avoid using wooden cutting boards for food preparation, especially for preparation of meat products.
- ❑ Thoroughly wash all pots, utensils, and surfaces that have come in contact with raw meat before using them for cooked food.
- ❑ Don't use cooking utensils to taste food while cooking or serving.
- ❑ When hand-washing dishes, wash in hot sudsy water; rinse in clear hot water with bleach disinfectants (1/3 cup bleach to 5 gallons water); and air dry.
- ❑ Pick up clean glasses by the base; cups and silverware by the handles; bowls and plates by the edges.
- ❑ Store all equipment in clean and closed places.
- ❑ If you use a dishwasher, be sure that dishes go through the heated drying cycle.
- ❑ Keep garbage cans covered or in an enclosed area.
- ❑ Don't forget to keep your can opener clean.

SAFE FOOD HANDLING PRACTICES

- ❑ Any food which goes on the daycare table <u>cannot</u> be saved for later use. These items are not "leftovers"; they are "throw-aways." Food that sits out at room temperature and has been handled by small children is a "throw-away." If kept off the table, it is a "leftover."
- ❑ Don't count on reheating food left out of refrigeration for too long. Some bacteria produce a toxin while they are alive and thriving at room temperature. **Reheating may kill the bacteria, but the toxin remains!**
- ❑ After a meal, put food away first! Perishable food should <u>never</u> be allowed to reach room temperature.
- ❑ Always wash off lids before opening cans.
- ❑ Thoroughly wash all fruits and vegetables that will be eaten raw.
- ❑ Keep hot food HOT (140 degrees F.) and cold food COLD (40 degrees or lower).
- ❑ Refrigerate all food promptly after a meal or after cooking.
- ❑ Chill perishable foods rapidly by spreading large quantities of food in a shallow pan.

- ❑ Thaw frozen foods in the refrigerator or microwave.
- ❑ Serve food containing eggs, milk, or mayonnaise the same day as prepared and keep refrigerated until serving time.
- ❑ Don't stuff a turkey or other poultry the night before, and don't partially-cook a stuffed bird.
- ❑ Thoroughly heat all leftovers.
- ❑ You can't tell if food is unsafe by tasting, smelling or looking at it. So: IF IN DOUBT, TOSS IT OUT!
- ❑ Never serve raw eggs in any form; egging, ice cream, raw batters.

SAFE FOOD PURCHASING PRACTICES

- ❑ Don't buy a canned product that is dented at a seam or where the lid or bottom is attached.
- ❑ Don't buy cans or packages that are bulging or swollen.
- ❑ Don't buy food packages that are torn open, oozing or leaking.
- ❑ Don't purchase food products contaminated with mold.
- ❑ Make sure that all caps are tight and seals are not broken.
- ❑ Purchase only frozen foods that are solidly frozen.
- ❑ When shopping, pick out your non-food items first. Shop quickly, and go directly home to put groceries away immediately.

SAFE FOOD STORAGE PRACTICES

- ❑ Keep dry and bulk food in a cool dry place away from rodents and insects. Check frequently for infestation. DO NOT use pest strips or insecticides around children or food. If you find infested foods, dispose of them immediately and thoroughly wash the entire storage area paying close attention to cracks.
- ❑ Store canned goods in a cool dry place.
- ❑ Store frozen foods at 0 degrees F or below.
- ❑ Store refrigerated foods at 40 degrees F or below.
- ❑ Store household cleaners and other chemicals away from food products.
- ❑ Keep storage areas clean.
- ❑ Do not store foods for long periods of time, and use food on a "first-in, first-out" basis. Label and date if necessary.
- ❑ Cover all refrigerated foods, and clean out your fridge weekly.
- ❑ You are required to have a thermometer in the freezer, refrigerator and any dry storage area where powdered milk will be stored.
- ❑ Never store opened cans in the refrigerator.

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CLAIMING INFANTS IT'S WORTH THE EFFORT!

Some providers assume it is too difficult to claim infants on the CACFP for misinformed reasons: They feel iron-fortified infant formula is too expensive; the paper work is too complicated; or they do not want any "complications" with a breastfed infant. The CACFP is pleased to provide special consultations to providers to dispel those myths, and to share publications that simplify the process.

REIMBURSEMENT FOR FORMULA

Powdered formula is the most economical to buy. It can be prepared as needed, and there is little or no waste. The average cost of powdered iron-fortified formula in 1992 was $7.00 a can. One could make about 116 ounce of formula at about 6 cents per ounce. For example: In 1992, an infant 0-4 months old who drinks 6 ounces at a feeding could be claimed for $2.68 (breakfast, snack, and lunch) with the formula costing a total of $1.08. Providers' time, extra paper work, special effort, and feeding expenses are more than covered with this reimbursement. Once solids are added, additional expenses are still well within the CACFP reimbursement.

REIMBURSEMENT FOR BREASTFEEDING INFANTS

The USDA has identified breastfeeding as a high priority health objective for the year 2000. The Montana CACFP has been requested by USDA to support breastfeeding mothers by enlisting the support of child care providers participating on the Food Program.

CACFP is a "reimbursement program," not a "for profit" program. Whether a baby is fed formula or breastmilk, it still has to be fed. Costs for breastmilk are zero. Providers can claim reimbursement for breastfed infants as soon as they supplement solids. Providers can actually save money by caring for breastfed infants since the mother provides the breastmilk while the provider provides the solids, yet the reimbursement is the same as if formula or milk were purchased.

Many mothers look for a child care provider that will accommodate their need to breastfeed. As a supportive child care provider, your cooperation with the nursing mother will benefit both of you knowing the baby will have fewer problems with diarrhea, constipation, ear infections and respiratory infections since breastmilk is the baby's first and best immunization!

For a chart of The Child Care Food Program Infant Meal Pattern, refer to page 88.

REIMBURSABLE MEAT AND MEAT ALTERNATES

The following meat and meat alternates may be used to meet the meat/meat alternate requirement. You must serve 3 oz. of these items in order to provide a 1 1/2 oz. serving of meat/meat alternate. The list includes, but is not limited to the following:

Black beans
Beef
Black-eyed Peas
Canadian Bacon
Cheese
Chili Beans
Corn Dogs (occasionally)
Dried Beans, Peas, or Lentils
Eggs
Fish
Fishsticks
Frankfurters (occasionally)
Ham
Legumes
Luncheon Meats (occasionally)
Nuts & Seeds & their Butters
Organ Meats
Pork
Processed Meats (occasionally)
Sausage
Shellfish
Tuna
Turkey
Yogurt (only as a snack)

NON-REIMBURSABLE MEAT & MEAT ALTERNATES

Bacon
Bacon Bits
Cream Cheese
Fat Back
Home-Caught Fish (No uniform standards)
Neck Bones
Packaged Macaroni & Cheese
Powdered Cheese
Tofu (No uniform standards)
Wild Game (No uniform standards)

REIMBURSABLE FRUITS AND VEGETABLES

The following fruits and vegetables may be used to meet the fruit and vegetable requirement. The list includes, but is not limited to:

Apples
Applesauce
Apricots
Asparagus
Avocado
Bananas
Beans
Bean Sprouts
Beets
Blackberries
Blueberries
Broccoli
Cabbage
Cantaloupe
Carrots
Cauliflower
Celery
Cherries
Chives
Collards
Corn
Cranberries
Cucumbers
Currants
Dried Fruit
Pears
Eggplant
Elderberries
Endive
Escarole
Fruit Cocktail
Grapefruits
Grapes
Green Peppers
Honeydew Melon
Juices (100%)
Kale
Kiwi fruit
Kohlrabi
Leeks
Lentils
Lettuce
Loganberries
Mangos
Mixed Vegetables
Mustard Greens
Mushrooms
Nectarines
Okra
Onions
Oranges
Parsnips
Papaya
Parsley
Passion fruit
Peaches
Peas
Pineapple
Plums
Plantains
Potatoes
Prunes
Pumpkin
Radishes
Raisins
Rhubarb
Raspberries
Red Peppers
Rutabagas
Sauerkraut
Soybeans
Spinach
Sprouts
Squash
Strawberries
Sweet Potatoes
Tangerines
Tomatoes
Tomato Sauce/ Paste/Puree
Turnips
Watercress
Water Chestnuts
Watermelon
Yams
Zucchini

NON-REIMBURSABLE FRUITS & VEGETABLES

Apple Butter
Barbecue Sauce
Catsup
Chili Sauce
Clamato
Corn Chips
Cranapple Drink
Cranberry Sauce
Fruit Leather
Fruit Nectars/Drinks
Fruit Punch
Fruit Roll-Ups
Gatorade
Hi-C
Infant Desserts
Infant "Dinners"
Jam/Jelly/Preserves
Jello/Gelatins
Kool-Aid
Lemonade
Olives
Pickle Relish
Pickles
Popsicles
Pop Tarts
Potato Chips/Sticks
Salsa
Soda Pop

NOTE: Canned soups (including bean, clam chowder, minestrone, tomato, and vegetable, etc.) should only be used on an occasional basis. A child would have to consume a 1-cup serving of these in order to get a 1/4 cup serving of vegetable. These products are also high in sodium.

REIMBURSABLE BREAD & BREAD ALTERNATES

Bagels
Biscuits
Boston Brown Bread
Bran Muffins
Bread Loaf
Bread Pudding (snack only)
Bread Sticks
Buns (all types)
*Cereal (whole-grain)
Cookies (homemade Only)
Cornbread
Corndog Breading
Crackers (enriched)
Croissants
Doughnuts (plain)
Dumplings
Egg Roll/Won Ton Wrappers
English Muffins
Flat Bread
French Bread
Fried Rice
"Fry" Bread (occasional)
Graham Crackers (snack only)
Granola Bars (homemade)
Granola Cereal
Grits
Hush Puppies (occasional)
Italian Bread
Macaroni
Meat Pie/Quiche Crust
Melba Toast
Noodles
Oatmeal
Pancakes
Pita Bread
Popovers
Pretzels (soft only)
Puff Pastry Shells
Raisin Bread
Rice
Rolls (plain)
Saltine & Soda Crackers
Sourdough Bread
Spaghetti
Spoon Bread
Stuffing (homemade)
Sweet Rolls (occasional)
Taco Shells
Tortilla
Waffles
Zwieback

*6 grams or less of sugar or other sweeteners

NON-REIMBURSABLE BREAD & BREAD ALTERNATES

Breading on Fish Sticks
Bread Stuffing (commercial)
Cakes
Chips (Potato, Corn & Taco)
Commercial Cookie Mix
Commercial Cookies
Commercial Granola Bars
Cupcakes
Hominy
Infant Desserts
Infant "Dinners"
Pie Crust (dessert)
Popcorn
Pop Tarts
Potato Chips/Sticks
Pretzels (commercial)
Tapioca
Toaster Pastries
Vanilla Wafers
Wheat Germ

REIMBURSABLE MILK & MILK PRODUCTS

Whole Milk
Lowfat Milk
Skim Milk
Buttermilk
Acidopholus
Commercial Chocolate Milk

NON REIMBURSABLE MILK & MILK PRODUCTS

Cocoa Mix
Cream Soups
Cream Sauces
Cream
Custard
Evaporated Milk
Half & Half
Homemade-Flavored Milk
Ice Cream & Ice Milk
Imitation Milk Products
Non-Fat, Dry Milk
Pudding
Pudding Pops
Raw Milk
Sherbert
Tapioca

SNACK TIME

Snack time can allow great flexibility in meal planning and preparation. This can be the place to include foods high in nutrients that the children have not yet received during the day. It can also be the time to include children in the meal preparation. Snacks should include servings from two of the four food groups. Use the following chart as a guide to mix and match food components. Above all, plan on making snack time a fun time!

SNACK IDEA GUIDE

Choose snack ideas from the two food component groups.

GRAINS GROUP	FRUITS & VEGETABLES	MEAT & MEAT ALTERNATES	MILK*
Wheat Toast	Avocado	Peanut Butter/ Peanut Butter Dip	Lowfat or Skim Milk (for children over 2-years-old)
Bagels	Blueberries	Refried Beans	Whole Milk (for children under 2-years-old)
Graham, Soda and Saltine Crackers	Broccoli	**Cheese:** Cheddar Cottage Mozzarella Ricotta Swiss String	
English Muffins	Cantaloupe		
Rice Cakes	Dried Fruit		
Cornbread	Cherries		
Tortillas	Green Peppers		
Soft Pretzels	100% Fruit Juice (great for popsicles in the summer)		
Muffins	Kiwi	Lentil/Pea Soup	
Quick Breads	Vegetable Soup	Ham	
Biscuits	Nectarines	Baked Beans	
Pasta	Peaches	Eggs	
Fry Bread	Pineapple	Tuna	
Pita Pockets	Potato	Yogurt/Yogurt Dip	
Raisin Bread	Red Pepper	Fishsticks	
Bread Sticks	Strawberries	Chili	
Croissants	Watermelon	Turkey	
Bread Pudding	Zucchini	Chicken Salad	
Homemade Cookies	Fruit Kabob or Vegetable Tray	Nutty Trail Mix Meatballs	

*__NOTE:__ The Child and Adult Care Food Program defines the **MILK GROUP** as **fluid milk** only. Cheese, cottage cheese, and yogurt are considered meat alternates for CACFP purposes, although nutritionally, they are dairy products.

CHAPTER 5

HEALTH AND SAFETY IN CHILD CARE SETTINGS

There are many ways to respond to the health issues of child care. This chapter is designed to assist you in methods of prevention as well as in illness detection, and emergency and safety tips. The core of maintaining a healthy environment is prevention of illness!

A child can become ill in child care or at home. When illness occurs among a group of children, the situation becomes more complicated. The child care provider must decide what is best for the sick child, for the other children in care, and for the staff. The parent feels torn between the demands of her job, and her concern for her sick child who needs extra care. It is essential that the provider be well informed in order to make wise decisions about the care of a sick child.

Although children have developed resistance to germs common in their own homes, they are exposed to a variety of new germs in a child care setting. Most childhood illnesses are contagious. By understanding the ways germs are transmitted, you can prevent or limit the spread of disease.

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HOW DISEASES SPREAD

The most common illnesses children can contract fall into three broad categories:

1) **Diseases that spread through the intestinal tract**

Viruses, bacteria and parasites which are present in the bowel movements of ill children or infected well children (carriers) may be passed directly from soiled hands to mouth. They may also be spread indirectly via objects, surfaces, or food soiled with feces. Studies show that the sites most frequently contaminated with feces are hands, classroom floors, faucet handles, diaper changing areas, toilet flush handles, toys and table tops. Diarrhea-causing germs passed in this way are campylobacter, giardia, hepatitis A, salmonella, shigella, and a variety of intestinal viruses, including polio.

2) **Diseases that spread through the respiratory system**

Sneezing and coughing by infected children allow germs to spread through airborne droplets. Hands and other surfaces soiled with nasal and throat discharges spread disease. Some infections passed in this way are the common cold, chickenpox, diphtheria, influenza, measles, meningitis, mumps, whooping cough (pertussis), rubella, streptococcal disease, and viral gastroenteritis.

3) **Diseases that spread through direct contact (touching)**

Some conditions can be spread directly by skin-to-skin contact, or indirectly by contact with contaminated hands, objects or surfaces. Such spread can occur with impetigo, head lice, ringworm, scabies and pink eye.

STEPS FOR PREVENTION

It is inevitable that children in group care will get sick! They play intimately, sharing toys and joys with one another. Children in group care have an increased exposure to illnesses because they are in daily contact with an expanded number of people. In spite of this, there are some things a child care provider can do to prevent or minimize the spread of infection, and to help promote a healthy environment.

HAND WASHING

The most important factor in preventing and controlling communicable disease is careful hand washing by the children and staff. Staff should use this method to make sure their hands are as free of germs as possible:

- ❑ Use liquid soap and running water.
- ❑ Rub hands vigorously as you wash them.
- ❑ Wash all surfaces, including backs of hands, wrists, between fingers, under fingernails.
- ❑ Rinse hands well. Leave the water running.
- ❑ Dry your hands with a single-use towel.
- ❑ Turn off the water using a paper towel instead of bare hands.

Wash your hands at the following times:

- ❑ When coming to center in the morning.
- ❑ Before preparing or serving food.
- ❑ After diapering a child, wiping his/her nose, or cleaning up messes soiled by body fluids such as blood, drool, urine, stool or discharge from eyes or nose.
- ❑ After going to the bathroom, either with a child or by yourself.
- ❑ After caring for a sick child.
- ❑ After handling pets or other animals.

Frequent hand washing can cause cracked, dry skin. These areas are hard to clean, and can provide an entry point to the body for germs. Hand lotion that is conveniently placed at the sink for staff who must frequently wash their hands is a good way to prevent this dry skin condition. Cuts should be washed well with soap and water and kept covered with a dry, clean bandage.

Providers must help young children to wash their hands. Until a child is 3 or 4 years old, they usually need provider assistance to do a good job. Children's hands should be washed at the following times:

- ❑ When they arrive at the facility.
- ❑ Before they eat and drink.
- ❑ After they use the toilet or have their diapers changed.
- ❑ After they have touched a child who may be sick.
- ❑ After playing with pets.
- ❑ When the child coughs or sneezes.
- ❑ When the child blows his nose, rubs his infected eyes or otherwise contaminates his hands.

Liquid soap is more efficient and economical for hand washing than bar soap. Bar soap is often left sitting in a moist area and many people use it. It is a good place for germs to multiply.

Bathroom sinks should be restricted as a "dirty" area in any child care facility. This is where hand washing should take place. Kitchen sinks should be kept "clean" by not washing hands there and reserving use for food preparation only.

Children learn by watching YOU. They imitate adults. Formally teaching children how and when to wash their hands is a good child care hygiene practice. A hand washing diagram is included at the end of this chapter.

CHANGING DIAPERS

Using specific procedures for diaper changing can prevent the spread of germs. The changing area is a likely place for germs to live and spread. It should be located near a source of running water (within arm's reach for hand washing), separate from the food preparation area on a smooth, non-porous surface.

1) **CHECK** to be sure supplies you need are ready. **PLACE** roll paper or disposable towel on diapering surface where the child will be.
2) **LAY** the child on the diapering surface, taking care to hold the child only with your hands if his diaper is soiled.
3) **REMOVE** soiled diaper and clothes. **PUT** disposable diapers in a plastic bag or plastic-lined receptacle. **PUT** soiled clothes in a plastic bag to be taken home.
4) **CLEAN** the child's bottom with a pre-moistened disposable towelette or a damp paper towel. Then **DISPOSE** of the towelette or paper towel in the plastic bag or plastic-lined receptacle. **REMOVE** the paper towel from beneath the child and dispose of it the same way.
5) **WIPE** your hands with a pre-moistened towelette or a damp paper towel. **DISPOSE** of it in the plastic bag or plastic-lined receptacle.
6) **DIAPER** or dress the child. Now you can hold him close to you.
7) **WASH** the child's hands and return him to his crib or group.
8) **CLEAN** and **DISINFECT** the diapering area, and any equipment and supplies you touched. Then wash **YOUR** hands.

TOILET TRAINING

Parents should supply an extra, clean change of clothes for children in your care. Place any soiled clothes in a plastic bag for parents to take home at the end of the day. Help the child to use the toilet. When children use the toilet, watch to make sure they wash their hands correctly, or ask children if they washed their hands when they return from the bathroom. Provide step stools and toilet adapters to help children use the toilet. If you must use a potty chair, empty the contents into the toilet and then wash and disinfect the chair and bowl. Disinfect the sink, and wash your hands.

PLAY AND NAP TIMES

Prevent children from playing in the bathroom. Try to WASH toys or other objects mouthed by a child before other children handle them. (This is most important for infants and toddlers.) Children should have their own sleeping linens and preferably their own cot, mattress, or pad. Launder linens weekly or when they are soiled. If the crib or cot is soiled, clean with soap and water, then disinfectant with bleach disinfectant. Alternate the heads and feet of sleeping children to help prevent spread of germs, especially respiratory ones.

KEEP THE FACILITY CLEAN

At least once a day, and more often if you can, check bathrooms. Wash and disinfect soiled surfaces like faucet handles, toilet seats and handles. Every day check surfaces and objects that diapered children put in their mouths. Wash and disinfect crib rails, toys and other mouthed objects. Wash mattress covers and linen if each child does not get the same mattress every day. Every week, wash and disinfect floors, low shelves, doorknobs, and other surfaces frequently used by diapered children. Wash your hands after cleaning.

FOOD HANDLING

Make sure children do not share food, plates, cups, or utensils. Remind them that sharing during meals can spread germs. Use a separate utensil for each child you feed. Preparing, handling and storing food deserve special attention because germs can spread during these activities and can grow quickly in food. Food-borne illness can cause diarrhea, vomiting, fever and stomach pain to those eating contaminated food.

Food that is not properly cooked, cooled and stored can be a place for germs to grow. Food that is at room temperature provides the most likely condition for germs to grow. The best way to prevent this is to keep it hot (140 degrees) or keep it cold (45 degrees or below.) Avoid thawing meats (especially poultry) outside of the refrigerator.

Care and cleanliness should be stressed in all areas of the child care facility where children eat. Never place food and utensils on the floor, in the diaper changing area or near the same sink where hands are washed after diapering or toileting. These areas are particularly dirty and germ prone. Wash, rinse and disinfect tableware and kitchen utensils.

Baby food stored in jars can easily spoil and cause illness. When feeding an infant, put food in a separate bowl and cup. Do not feed directly from the jar. If the infant does not eat the full serving, throw it away, do not put food back in the jar.

IMMUNIZATIONS -- CHILDREN

Make sure that children are up to date on all immunizations and physical check-ups, as required by State regulations. This will help prevent serious diseases such as diphtheria, tetanus, whooping cough (DTP), measles, mumps and rubella (MMR), polio (OPV) and haemophilus influenza meningitis (HIB).

All parents want their children to be free of disease. Urge parents to discuss with the health department or family doctor how their children can best be protected from disease. (An immunizations list for children in Montana is included at the end of this chapter.)

IMMUNIZATIONS -- ADULT

Child care workers in homes or centers should be vaccinated against tetanus-diptheria (receiving a Td booster every ten years), and measles-mumps-rubella (MMR). It is especially important for women of childbearing age to be protected against rubella. Providers must document their immunization history on the same form that they use for the children in their care — the Montana Certificate of Immunization (HES 101).

A tuberculosis (TB) skin test must be done within the year prior to initial employment as a child care provider. Further TB testing is required only if the provider is subsequently exposed to tuberculosis, if she changes employment more than one year after the initial TB test, or if she loses the documentation of the date and type of test and negative result.

All persons residing in the home of a daycare provider, including children and spouses of the provider, must document their immunization history. This should include the Td vaccine (updated every ten years) and the MMR vaccine if born after 1957.

SICK CHILD EXCLUSION POLICY

Group child care settings, although intended for well children, are frequently confronted with episodes of childhood illnesses. It is important that providers recognize childhood illnesses, and respond appropriately when children become ill in child care settings.

Even though a provider may want to accommodate the needs of a parent, **the provider cannot care for a sick child** (who meets the criteria on page 79). The health risk to other children at the site must be first priority. To prevent the spread of common communicable diseases, providers must exclude children who exhibit certain symptoms and conditions. It is not safe to allow a child with a communicable disease to remain in a group child care setting, even if the child is isolated from other children.

(A "Sick Child Exclusion Policy" listing symptoms and conditions of communicable diseases that should not be allowed in child care settings is included at the end of this chapter. Providers should post this list, and make copies of it available to parents!)

A child with a mild cold, but without a fever or other symptoms listed in the "Sick Child Exclusion Policy," need not be excluded from child care. Ear infections are not a reason for exclusion either, unless the child is febrile, has a rash, or is too ill to participate in child care activities.

Unless it is an emergency, parents should be notified of their child's illness immediately and asked to come pick the child up. Don't make an unofficial diagnosis to parents, but instead report the symptoms the child is manifesting.

You can avoid controversy if you discuss your "Sick Child Exclusion Policy" with parents in your pre-enrollment interview. Parents must be encouraged to have a back-up option for their child for those instances when she is too ill to attend regular child care.

Record illnesses and injuries on the child's health record, and also document the staff's response to these situations. This practice will help identify illness patterns for a child or the entire group of children.

REPORTABLE COMMUNICABLE DISEASES

If a "reportable" communicable disease is noted in a child care setting, the provider must notify the local health department. A list of diseases that are reportable is included at the end of this chapter.

Depending on the nature of the disease, it may be necessary for the health department staff to visit a child care site and contact parents of other children in that facility.

RESPONDING TO EMERGENCIES

When a child becomes ill at day care it may be necessary to obtain emergency medical care and contact the parents immediately. It is

important that you have current phone numbers and consent forms for emergency treatment. (A sample emergency consent form is included at the end of this chapter.)

The following symptoms mean that a child needs immediate medical attention:

- ❑ Breathing which is difficult or fast, child does not seem to get enough air, child appears blue around lips.
- ❑ High fever (over 102 degrees).
- ❑ Child is confused or unconscious.
- ❑ Seizures or convulsions in a child who has no prior history of seizures.
- ❑ Bleeding that cannot be controlled.
- ❑ An apparent fracture of a bone in a child whose pain is severe.

Dial 911 and be prepared to give your name and address, and to describe the problem. Emergencies require prompt attention and a quick assessment. Take these steps when assessing an emergency (in order of priority):

- ❑ Check the pulse.
- ❑ Check for breathing.
- ❑ Check for bleeding.
- ❑ Check for poisoning.
- ❑ Check for shock.
- ❑ Check for broken bones.

ACCIDENTS

Accidents are by far the most common type of childhood emergency. A high percentage of accidents occur on the playground or around play equipment. You can prevent most accidents that occur with children by checking the following:

- ❑ Check the day care area for hazard or unsafe areas.
- ❑ Watch children carefully, with sufficient number of staff.
- ❑ Understand basic growth and development of children. Specific types of accidents are common at each stage of development.
- ❑ Use car safety seats and seat belts whenever children are transported.

ACCIDENT PREVENTION

In the area of accident prevention, there seem to be two stages of childhood development:

"The Helpless Age" Under 1 Year

The infant's area of movement is limited. This protects the child from many hazardous situations. Yet the child is unable to move

out of hazardous situations. The child has not yet learned what is or isn't dangerous. He must be watched at all times. Bright colored objects, dangerous or not, attract the child.

Most injuries are due to falls, sharp and rough objects, animal and insect bites, burns, and foreign bodies inhaled or ingested.

"Perpetual Motion" 1 to 4 Years

Children walk, climb, run and are in constant motion. They poke, touch, taste and squeeze their world. They use all of their senses to explore and their exposure to hazards is increased.

In this age group, most injuries are due to falls, burns, rough or sharp objects, and poisons.

Safety training involves three major steps:

1) **Defining the limits** of safe behavior
2) **Teaching limits** patiently until they are understood
3) **Reinforcing these limits** until the child understands and accepts them. Be consistent!

PLANNING FOR EMERGENCIES

Be prepared by creating an emergency plan, a fire safety plan, and a first aid plan.

An **emergency plan** should include:

- ❑ Teaching the children in your care how to call the fire department.
- ❑ Maintaining emergency cards with contact information and emergency medical consent forms on file.
- ❑ Having adult nearby who could watch the children in your absence, in case of an emergency.
- ❑ Having a battery-operated radio and flashlight on hand in case the electricity goes out.
- ❑ Having a first aid kit and training in pediatric first aid.

A **fire safety plan** should include:

- ❑ The signal that tells all the children that a fire drill is taking place.
- ❑ Predetermined exits that the children have been taught to use. (There must be two different exits.)
- ❑ Plans for getting infants in your care out of the facility.
- ❑ Knowing when to call the fire department — before evacuating the children or after?
- ❑ A predetermined site where you want the children to go after they leave the facility.
- ❑ A plan for action once you arrive at your evacuation site.
- ❑ Teaching children what a hot door means.
- ❑ Teaching children what to do if caught in smoke.

- ❑ Teaching children never to return to a burning building to retrieve an item.
- ❑ Teaching children what to do if their clothes catch on fire.

A **first aid plan** should include:

- ❑ A kit stocked with basic supplies needed for treating childhood emergencies.

If you buy a commercial kit, make sure the contents are appropriate for child care needs. Always keep the kit stored in the same place, well out of children's reach and be sure all staff know where to find it. You may want to add a portable kit to take along on field trips. (A sample list of suggested first-aid supplies is included at the end of this chapter.)

PEDIATRIC CPR AND FIRST AID

Quite often a child care provider will be faced with a bumped knee or skinned elbow. Occasionally you will be faced with a more serious or demanding problem. **It is important to have the certified training in CPR and First Aid available from your local Red Cross chapter or American Heart Association.**

ADMINISTERING MEDICATIONS

Child care staff frequently assume responsibility for administering medications. The following information is designed to assist you in developing policies for administering medications.

A prescription drug should be checked for the following:

- ❑ Drug is in its original container.
- ❑ Child's name is on the prescription label along with medication name, method of administration and dosage.
- ❑ Any medication should not be given for more than 10 days without physician's permission for its continuance.
- ❑ That dosage authorized by parents for over-the-counter drugs is in compliance with label instructions for the drug.
- ❑ All medication administered by day care personnel should be accompanied with written authorization by the parent or guardian. (A sample consent and administration form is included at the end of this chapter.)
- ❑ Specific times for medication administration should be scheduled to decrease possibility of error in administration.
- ❑ Correct identification of the child is made by personnel administering medications.

- ❑ Medications are stored in a room with a locked cabinet and out of children's reach.

When administering medications to children, child care providers should:

- ❑ Wash hands before preparing and giving the medicine.
- ❑ Avoid adding medications to primary food substances.
- ❑ Encourage parents to bring either syringes or medicine spoons which are appropriately marked for the specific medication dosage.
- ❑ Avoid leaving poured medications unattended.

HEALTH POLICIES AND PROCEDURES

Don't forget to include health issues when you write your policy statement. Make your health policies as specific as possible. Tell parents what will be done, how and why. Here are some topics to consider:

Enrollment ~ Daily Admission ~ Exclusion of Sick Children ~ Management of Emergencies and First Aid ~ Review of Safety Hazards in the Child Care Environment ~ Medication Administration ~ Staff Health Policies ~ Nutrition, Food and Formula Handling ~ Health Education ~ Review of Routine Health Policies and Procedures ~

CHILD ABUSE AND NEGLECT

Child care providers are frequently in a position to detect child abuse and neglect. Providers can help stressed parents to connect with resources for developing more appropriate parenting skills. Providers are responsible for employing safe and reasonable discipline and supervision practices as they care for children.

In all 50 states, "mandated reporting laws" exist for certain individuals who work with children. Child care providers, preschool and school teachers, social workers, and health professionals are among those who are required by law to report any suspected abuse or neglect of children.

Most reporting laws do not require "proof" of abuse or neglect prior to reporting; that is, mandated professionals need to notify appropriate authorities if they have reasonable cause to suspect abuse or neglect. No evidence, parental admission or "proof" is necessary. If reports are made in good faith, states protect mandated reporters with confidentiality of their name as well as immunity from liability. On the other hand,

failure of a mandated reporter to report can lead to personal penalties ranging from misdemeanor charges to civil liability for damages caused by the failure to report.

Laws require that suspected abuse or neglect be reported to the local Department of DPHHS. All child care providers should learn the specific regulations for reporting abuse and neglect.

Appropriate discipline practice by child care providers is required by Department of DPHHS. The Montana Child Care Act prohibits corporal punishment, and discipline techniques which are humiliating, shaming, frightening or otherwise damaging to children. A provider who demonstrates appropriate discipline techniques shows her professionalism and offers an effective role model for parents whose skills may need improvement.

CHILDREN WITH SPECIAL NEEDS

Child care providers can experience many rewards by providing services to children with special needs. Children with special needs include children with "developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities."

Historically, children with special needs were cared for in segregated environments, separated from traditional child care settings. Over the past several years, changes in attitudes as well as changes in public law have fostered more efforts to develop "integrated care" programs. Integrated care programs are those which provide child care or preschool services to children both with and without the disabilities.

The federal Education for All Handicapped Children Act, enacted in 1976, mandated free, appropriate public education for all children with special needs in the "least restrictive environment" possible. This legislation has been instrumental in the development and implementation of greater child care and preschool options for children with disabilities and other special needs.

It is important that child care providers take extra time and planning to better serve children with special needs in their programs. A child's parents are the best resources for information about his special needs. Parental input and involvement in a child care program is even more crucial if the child in question has a disability. Parent participation should be solicited and encouraged in all phases of child care planning, programming and evaluation.

In an effort to assist providers with the intake process, the following areas of discussion are suggested when interviewing families of children with special needs:

- ❑ Specific nature of the child's special needs.
- ❑ Current therapies, medications, treatments (including health providers and therapists).
- ❑ Coordination opportunities between provider and other professionals involved with the child.
- ❑ Methods of communication used by the child.
- ❑ Dietary/feeding/nutritional needs and techniques.
- ❑ Special symptoms which might require special responses (seizures, allergies, breathing difficulties).
- ❑ Behavior intervention techniques to which the child responds.
- ❑ Need for adaptive equipment or special supplies.
- ❑ Presence and extent of motor impairment or physical limitations.
- ❑ Existing staffing ratios or need to increase staff.
- ❑ Environmental design conducive to equipment needs or ability to modify existing design.
- ❑ Level of staff training or need for the same.
- ❑ Available resources in the community to assist or optimize child care service delivery.

Once the provider and the family have decided to work together, it is critical that they maintain open communication about the child's progress. By encouraging parent participation, a provider helps foster communication and mutual understanding of goals, concerns, and future needs.

Providers might want help as they strive to provide integrated child care. Many professionals and agencies now offer "early intervention services" to children with disabilities. Their expertise is often available to the child care community at large, or at least to providers serving individual children.

Some examples of early intervention professionals include:

- ❑ child development evaluation agencies
- ❑ child care resource and referral agencies
- ❑ public health departments
- ❑ existing integrated child care programs
- ❑ local university departments (early intervention, psychology, or education programs)
- ❑ health providers
- ❑ therapists (physical, occupational, speech and nutritional)
- ❑ school district special service divisions

Quality, developmentally-appropriate child care for all children is the goal of integrated care, and efforts should continue to develop and implement more child care sites serving children with special needs.

References:

1) American Public Health Association/American Academy of Pediatrics: Caring for Our Children, Washington, D.C., 1992

2) Seattle-King County Department of Public Health: Child Care Handbook, Seattle, WA, 1990

PROMOTE AND PROTECT THE HEALTH OF CHILD CARE PROVIDERS

To protect and promote your own health, it is important for you to follow good health practices:

- ❑ **Get regular health check-ups, as recommended by your health care provider.**
- ❑ **Eat a nutritious diet.**
- ❑ **Get regular exercise and maintain an appropriate weight for your height.**
- ❑ **Get enough rest.**
- ❑ **Don't smoke. Don't exceed moderate use of alcohol.**
- ❑ **When you're ill, take the time to recover before returning to work.**

PRACTICE UNIVERSAL PRECAUTIONS

Use barrier protection against blood/body fluids from any child/adult who is potentially infectious, including the following recommended practices:

- ❑ Wash hands thoroughly after any exposure to blood or potentially **blood-containing body fluids (urine, stool).**
- ❑ **In case of emergency, use a thick cloth barrier (such as a towel) to apply pressure or clean a wound.**
- ❑ **Any caregiver with broken skin should wear water-impervious gloves** when they are in contact with blood or blood-containing body fluids.

Clean surfaces and dispose of wastes contaminated by blood/body fluids:

- ❑ Clean contaminated environmental surfaces with diluted bleach solution (1 Tbsp./1 qt. or 1/4 c./1 gallon water -- fresh daily.)
- ❑ Launder contaminated clothing by regular washing in hot water. (Cloth diapers should be removed and placed as is in a plastic bag and sent home.)
- ❑ Dispose of blood or body fluid-contaminated articles (including disposable diapers) in trash containers lined with plastic bags that can be tied off.

"SICK CHILD EXCLUSION POLICY"

CHILDREN WITH THE FOLLOWING SYMPTOMS
SHOULD BE EXCLUDED FROM GROUP CHILD CARE:

1) Fevers of 100.5 rectally (100 orally) or greater. Children should be without fever for 24 hours before they return to the group. (Exception: Children with immunization-related fevers need not be excluded if they are able to participate in the daily routines).
2) You should exclude children with vomiting or diarrhea until these symptoms subside for 24 hours.
3) The following bacterial infections warrant exclusion. You should treat the child with antibiotics for 24 hours before returning the child to child care:
   a. strep throat
   b. impetigo
   c. bacterial conjunctivitis (red eyes with colored, pus-like drainage).
   d. other skin infections (draining burns, infected hang nails).
4) Generalized rashes (over multiple parts of the body) mean you should keep your child home. You should take your child for a medical examination. Children with chicken pox should stay home until their sores dry up (usually five to seven days). Children with other generalized rashes can return to child care at the health care provider's discretion (unless one of the above conditions is present).
5) Children with head lice or scabies should stay home until the condition is treated.

❑ ❑ ❑ ❑ ❑

THE PRESENCE OF THE FOLLOWING CONDITIONS MAY WARRANT CHILD CARE EXCLUSION:

1. A child who is ill with any symptoms and is unable to participate in the usual child care activities.
2. Thick, green or yellow nasal discharge persisting longer than three days if accompanied by any of the following symptoms: fever, persistent cough, eye drainage, or ear pain. You should have your health care provider evaluate your child and follow his/her advice about your child's return to child care.

DEVELOPED BY CHILD CARE RESOURCES OF MISSOULA, 1991

REPORTABLE DISEASES

Department of Public Health and Human Services

CLASS A

Report by phone immediately either suspected or confirmed

Anthrax
Botulism (including infant)
Diphtheria
Measles (Rubeola)
Plague
Rabies or exposure (human)
Smallpox (including vaccinia)
Typhoid fever

CLASS B

Report all cases on the same day as diagnosis by Confidential Case Card
Case Card

Chancroid
Cholera
Diahrreal disease outbreak
Gastroenteritis epidemic
Gonococcal infection
Granuloma inguinale
Haemophilus influenza B invasive disease (meningitis, epiglotitis, pneumonia and septicemia)
Listeriosis
Lymphogranuloma venereum
Meningitis, bacterial and viral
Pertussis (whopping cough)
Poliomyelitis
Rubella (including congenital)
Syphilis
Tetanus
Typhus
Yellow fever
Illness occurring in a traveler from a foreign country
Swimmer's itch (cutoneous larva migrans)

CLASS C

Report all cases within 7 days by Confidential Case Card

Acquired Immune Deficiency (AIDS)
Brucellosis
Campylobacter enteritis
Chlamydia genital infection
Cytomegaloviral illness
Encephalitis
Giardiasis
Hansen's disease (leprosy)
Hepatitis A, B, non A, non B, unspecified
Kawasaki disease
Legionellosis
Lyme disease
Malaria
Mumps
Ornithosis (Psittacosis)
Q-fever
Reye's syndrome
Rocky Mountain Spotted Fever
Salmonellosis
Shigellosis
Trichinosis
Tuberculosis
Tularemia
Yersiniosis

CLASS D

Report Friday of each week number only

Chickenpox
Colorado Tick Fever
Conjunctivitis
Influenza (confirmed)
Staphylococcal epidemic
Streptococcal epidemic

Underlined diseases indicate those that are most commonly present in day care facilities. Be sure to inform your local health officer of any of these reportable diseases.

State of Montana
Department of Public Health and Human Services

EMERGENCY CONTACT INFORMATION AND PARENTAL CONSENT FORM DAY CARE

KEEP THIS CONSENT FORM HANDY SO THAT IT CAN BE TAKEN WITH THE CHILD IN CASE EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name	Birthdate
Address	
Mother's Name or Legal Guardian	Tel. No. (Home)
Address	
Business Address	Tel. No. (Bus.)
Father's Name or Legal Guardian	Tel. No. (Home)
Address	
Business Address	Tel. No. (Bus.)
Name/Address of Person to Contact in Emergency — If Parents are not available	Telephone No.
Name/Address of Child's Physician or Source of Medical Care	Telephone No.

Special Disability (If Any)

Any Special Medical or Dietary Information Necessary for Management in an Emergency Situation (Allergies, Medications, Special Condition)

Any Additional Information on Special Needs of the Child

Health Insurance Coverage for Child Under Family Insurance Policy or Medical Assistance Benefits (if applicable)

Person(s) Designated by Parent(s) to Whom the Child May be Released

WRITTEN CONSENT IS GIVEN FOR: (Please check those items for which you give your consent)

[ ] EMERGENCY MEDICAL CARE
[ ] ADMINISTRATION OF PRESCRIPTION MEDICATIONS
(Physician's Current Written Instructions Must be Provided)

[ ] ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS; PLEASE LIST ALL THAT MAY BE ADMINISTERED, AND DOSAGE:

[ ] ADMINISTRATION OF SPECIAL DENTAL/DIETARY NEEDS; LIST ALL THAT CAN BE ADMINISTERED, AND DOSAGE:

[ ] TRIPS [ ] TRANSPORTATION BY FACILITY FOR TRIPS
[ ] DAILY TRANSPORTATION PROVIDED BY THE FACILITY

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY ARE THERE ANY INSTRUCTION FOR SPECIAL CARE FOR THE CHILD (E.G. MOTION SICKNESS, SEIZURES) DURING TRANSPORTATION?
[ ]-YES [ ]-NO If yes, specify:

[ ] SWIMMING | [ ] HOMEWORK SUPERVISION

HEALTH HISTORY	Yes	No
Allergies or reactions - (food or other)	_____	_____
Hay fever, asthma, or wheezing	_____	_____
Eczema or frequent skin rashes	_____	_____
Convulsions/Seizures	_____	_____
Heart Condition	_____	_____
Diabetes	_____	_____
Frequent Colds, Sore throat, earaches, tonsillitis, pneumonia	_____	_____
Congenital defects such as cleft lip, cleft palate	_____	_____
Measles (red, hard) Diagnosed by MD	_____	_____
Rubella (German measles) Diagnosed by MD	_____	_____
Mumps	_____	_____
Chickenpox	_____	_____
Trouble passing urine or bowel movements	_____	_____

Other health problems — Please Explain _____

_____

Is the child left or right handed? _____

Has discussion been held with the parent about the child's:
a. schedule including napping, c. toilet training,
b. favorite activities, d. forms of discipline _____ _____

SIGNATURE OF PARENT OR GUARDIAN: Date:

_____ _____

RECOMMENDED FIRST AID KIT CONTENTS FOR CHILD CARE SETTINGS

- ❑ Sterile absorbent cotton pads for severe bleeding — ESSENTIAL! (Individually wrapped sanitary pads work well for this purpose)
- ❑ Syrup of Ipecac and the local Poison Control phone number — ESSENTIAL!
- ❑ Thermometer
- ❑ Band-aids and antibiotic ointment — ESSENTIAL!
- ❑ Tweezers — ESSENTIAL!
- ❑ Blunt-tipped scissors
- ❑ One roll each of 1" and 2" roller bandage
- ❑ Clean cloth strips (2" - 4" wide) for splinting
- ❑ A gel pack (to be kept in the freezer)
- ❑ Safety pins
- ❑ Rubber gloves
- ❑ Eye cup for flushing eyes
- ❑ Flashlight
- ❑ Non-aspirin fever reducer (i.e. Tylenol)
- ❑ Medication measuring spoons

NOTE: For field trip kits include as many items as you can, especially the essential ones. Also include a list of emergency contact phone numbers whenever children are away from the regular child care site.

❑ ❑ ❑ ❑ ❑

MEDICATION CONSENT FORM

NAME OF CHILD_____ DATE_____

NAME OF MEDICATION_____

DATE PRESCRIBED_____

DATE AND TIME OF LAST DOSE_____

FOR PARENT TO COMPLETE:

I, _____(parent or guardian) give permission to _____(name of authorized day care staff) to administer_____(dose) of_____(name of medication) to my child, _____(name of child) at approximately _____ (times doses are due) on _____ (dates and days) for _____ (reason for medication).

Possible side effects to watch for with this medication include:_____

_____

Name and phone number of prescribing physician: _____

_____

STAFF CHECKLIST:

____ Is the permission form (above) completed?
____ Is the medication in a child-proof cap?
____ Is the original prescription label on the medication container?
____ Is the dose, name of drug, frequency of administration on the prescription (or bottle, if over the counter) consistent with parental instruction given above?
____ Have two staff persons checked the dose, time, amount and to which child the medication is being administered?

MEDICATION ADMINISTRATION RECORD

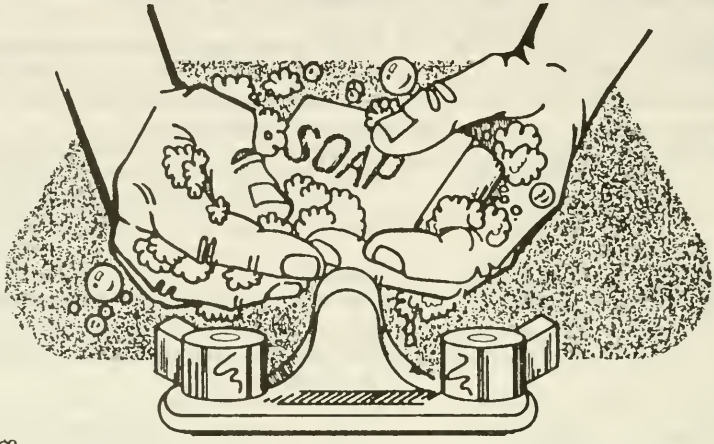
DAY	DATE	DOSE	STAFF SIGNATURE

RECOMMENDATIONS FOR ACTIVE IMMUNIZATION FOR NORMAL ADULTS AND CHILDREN---MONTANA

Recommended Age Interval	Vaccine(s)	Comments
2 Months ±[1]	DTP-1, OPV-1, HIB-1	Can be given earlier under conditions of high endemicity. Check ACIP Recommendations for that particular antigen.
4 Months ±	DTP-2, OPV-2, HIB-2	Intervals less than 2 months are acceptable under specific circumstances. Consult ACIP Recommendations for that particular antigen.
6 Months±	DTP-3, HIB-3, HbOC (HibTITER)	Additional dose of OPV optional for high risk areas. See HIB Immunization Guidelines and Table of Recommended HIB Immunization Schedules.
12 Months ±[2]	HIB-booster, PRP-OMP (PedvaxHIB)	Children completing the primary series of PRP-OMP (PedvaxHIB) with the 12 month booster do not need the dose at 15 months or later. Their series is complete with dose 3 at 12 months.
15 Months*	DTP-4, OPV-3, MMR-1, HIB-booster, HbOC (HibTITER)	Completes primare series of DTP, OPV and HIB[3]. **Note:** Any Hib conjugate vaccine can be used for the single dose given at age 15 months or older, regardless of whether Hib vaccine doses recieved before age 15 months were of the same type or not. (HibTITER, PedvaxHIB, or ProHIBIT). The single dose for previously unvaccinated children 15 months and older, or the booster can be given up through 59 months.
4-6 Years	DTP-5, OPV-4, MMR-2 (see comment)	MMR-2** is currently recommended at middle school entry. Alternatives include school entry and post-secondary entry except where evidence of measles immunity is available.***
14-16 Years	Td	Repeat every 10 years.

STOP DISEASE

METHOD OF HAND WASHING



- Use SOAP and RUNNING WATER
- RUB your hands vigorously
- WASH ALL SURFACES, including:
  - backs of hands
  - wrists
  - between fingers
  - under fingernails
- RINSE well
- DRY hands with a paper towel
- Turn off the water using a PAPER TOWEL instead of bare hands

STOP DISEASE

The STOP DISEASE Method of CHANGING DIAPERS

1

CHECK to be sure supplies you need are ready.
PLACE roll paper or disposable towel on diapering surface where the child will be.

2

LAY the child on the diapering surface taking care to hold him only with your hands if his diaper is soiled.

3

REMOVE soiled diaper and clothes.

- PUT disposable diapers in a plastic bag or plastic lined receptacle.
- PUT soiled clothes in a plastic bag to be taken home.

4

CLEAN the child's bottom with
a premoistened disposable towelette
or
a damp paper towel.
Then DISPOSE of the towelette or paper towel in the plastic bag or plastic-lined receptacle.
REMOVE the paper towel from beneath the child and dispose of it the same way.

5

WIPE your hands with a pre-moistened towelette or a damp paper towel.
DISPOSE of it in the plastic bag or plastic-lined receptacle.

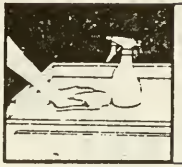
6

DIAPER or dress the child
Now you can hold him close to you.

7

WASH the child's hands and return him to his crib or group.

8



CLEAN and DISINFECT the diapering area and any equipment and supplies you touched
Then wash YOUR hands

The Child Care Food Program Infant Meal Pattern

Age of Baby by Month	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces (fl oz) breast milk[1] or formula[2]	4-6 fl oz breast milk[1] or formula[2]	4-6 fl oz. breast milk[1] or formula[2]
4 months through 7 months	4-8 fl oz breast milk[1] or formula[2] 0-3 tablespoons (tbsp.) infant cereal[3] (optional)	4-8 fl oz breast milk[1] or formula[2] 0-3 tbsp. infant cereal[3] (optional) 0-3 tbsp. fruit and/or vegetable (optional)	4-6 fl oz breast milk[1] or formula[2]
8 months through 11 months	6-8 fl oz breast milk, formula[2], or whole milk 2-4 tbsp. infant cereal[3] 1-4 tbsp. fruit and/or vegetable	6-8 fl oz breast milk, formula[2], or whole milk 2-4 tbsp. infant cereal[3] ***and/or*** 1-4 tbsp. meat, fish, poultry, egg yolk, or cooked dry beans or peas, ***or*** ½-2 oz cheese, ***or*** 1-4 oz cottage cheese, cheese food, or cheese spread 1-4 tbsp. fruit and/or vegetable	2-4 fl oz breast milk, formula[2], whole milk, or fruit juice[4] 0-½ slice bread or 0-2 crackers[5] (optional)

[1] Meals containing only breast milk are not reimbursable
[2] Iron-fortified infant formula
[3] Iron-fortified dry infant cereal
[4] Full-strength fruit juice
[5] Made from whole-grain or enriched meal or flour

TIPS ABOUT POISONOUS PLANTS

- ❑ Keep **all** plants away from small children. Teach children never to eat unknown plants.
- ❑ Different parts of plants **are** poisonous. Phone the Poison Control Center before treating a child who has eaten a plant. Follow their directions. Keep an unexpired bottle of syrup of ipecac in a locked place if your policy allows. Use it only if the Poison Control Center tells you to make a child vomit.

POISONOUS PLANTS

(not a complete list)

Flower Garden Plants
Autumn Crocus
Bleeding Heart
Chrysanthemum
Daffodil
Foxglove
Hyacinth
Iris
Jonquil
Lily of the Valley
Morning Glory
Narcissus

House Plants
Bird of Paradise
Castor Bean
Dumbcane (Dieffenbachia)
English Ivy
Holly
Jequirty Bean (Rosary Pea)
Jerusalem Cherry
Mistleoe
Mother-in-law
Oleander
Philodendron
Rhododendron

Trees and Shrubs
Black Locust
Boxwood
Elderberry
English Yew
Horse Chestnut
Oak Tree

Vegetable Garden Plants
Sprouts and green parts of potato
Rhubarb leaves
Green parts of tomato

Wild Plants
Bittersweet
Buttercups
Jack-in-the-Pulpit
Jimson Weed
Mushroom (certain ones)
Nightshade
Poison Hemlock
Poison Ivy, Oak, Sumac
Skunk Cabbage

NOTES:

Thanks to the staff of Child Care Resources of Missoula who contributed to the development of this training manual: Marjorie Boshaw, Resource & Referral Coordinator; Janet Bush, Executive Director; Eileen Caswell, Office Manager; Mary Glynn Cromwell, Child and Adult Care Food Program Coordinator; Kay Frey, Child Care Health Consultant; Elaine Shea, Training Coordinator; Marci Watson, Volunteer.